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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GO3354

1. Corporatio	NSULTANTS-SOUTHEAST, I					
Principal Plac	e of Business	Mailing Address			I BIBIK BABA BIBIL B	11011 01011 1001
201 EAST PINE STREET 201 EAST PINE STREET						
SUITE 200 SUITE 200						
ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 10/06/1982		
	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-2246595		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		27		0. 00,	Fee Re	<u> </u>
City & Stat	e	City & State	•	6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25		30	Personal Property Tax.	E 103	□No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
DE J	IIDAS, GARY M		o i Name			
201 E. PINE STREET, SUITE 200		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801						
	ANDO 1 E 32001		83		`` \	
			84 City		85 Zip C	Code
				F		
					- F - b - 1 11	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such channe was aut	borized by the corner	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered
office or r	edictored agent or both in the State /	of Florida. Such change was aut tions of, Section 607.0505, Floric	borized by the corner	ation's board of directors. I hereby accept the app	ointment as re	gistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the confuration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

KENNINGTON, DONALD E

255 KINCAID AVE

DELAND FL 32724

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DeJidas,

☐ DELETE

President 1/4/99

<u>(407) 423-8398</u>

Change

☐ Addition

CR2E034 (11/98)