PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90190 044 ***150.00

DOCUMENT # **H79878** 1. Corporation Name

R. L. CONSULTING COMPANY

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	21	40	271	ٔ د	JA/
-		Suite	e, Ap	t. #,	etc.
	22				
	厂	City	& Sta	ate	
	23	M	1E	41:	3 D
		Zip			
	24	32	934	-7	68
					9. 1

Mailing Address

224 PROVINCIAL DRIVE INDIALANTIC FL 32903



DO NOT WRITE IN THIS SPACE

			Í	3. Date Incorporated or Qualifed				
			1	10/08/1985				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
21 4071 JANEWOOD LANE	26 4071 JANEWOO		ANE	59-2551749		Not Applicable		
-Suite, Apt. #, etc.	Suite, Apt. #, etc.	4	- 1	5, Certificate of Status Desired	.	75 Additional ee Required		
City & State City & State City & State MELBOURNE, FLORIDA 28 MELBOURNE, FLORIDA			ιġ <i>Α</i>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 32934-7683 25 USA.	Zip Cou			This corporation owes the current year Interpretation Personal Property Tax.	angible Yes			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
		81	Name					
224: PROVINCIAL DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)					
·INDIALANTIC-FL 32903		83						
		84	City		85	Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes

agent. I ai	n familiar with, and accept the obligations of, Section 607.0505, Florid	ia Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			
TITLE	PST DELETE	1.1 TITLE		☐ Ghange	☐ Addition	
NAME	MORONI, GRACIELA R.	1.2 NAME				
STREET ADDRESS	224 PROVINCIAL DRIVE	1.3 STREET ADDRESS	4071 JANEWOOD LANE			
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	4071 JANEWOOD LANE MELBOURNE, FL. 32934 - 748	^3		
TITLE	□ DELETE	2.1 TITLE		Change	☐ Addition	
NAME	•	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	and the contract of the contra	2. 4 CITY+ST-ZIP	<i>,</i>			
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE		Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY- \$T- ZIP				
TITLE	☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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 corporation 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb. 5,1999