## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



1999 DOCUMENT # J38561

SUNBELT CONSULTING GROUP, INC.

**FILED** Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 03-01-1999 90155 008 \*\*\*158.75 DIVISION OF CORPORATIONS

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Notice Address					I TABLISE BIRB ISSUI IBIBI BISID BISID BISID I					
Principal Place of Business Mailing Address										
1510 KASTNER PORT OF SAME	P.O. BOX 952979 LAKE MARY FL 32795-2979				DO NOT WRITE IN THIS SPACE					
SANFORD FL 32771 US						3. Date Incorporated or Qualifed 10/16/1986				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	I A	pplied For	┦
27 23801 WOLF BRANCH RD 26						59-2741478		-	ot Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional	7
22 Svi7	, <u>, , , , , , , , , , , , , , , , , , </u>	27						Fee R	equired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				1
_ ^	ENTO, H	28			Trust Fund Contribution		•	to Fees		
		Zip	Cou	ntry		8. This corporation owes the current y	ear Intar	gible		
Zip 277	76 [25] LAKE	29 30				Personal Property Tax.		Yes	_ □No	_
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered A	gent		4
				81	Name					
	ER, BRUCE C.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)				1
	2 CEDAR STONE COURT					3801 WOLF BRANCH	Box	AD_		
LAKI	E MARY FL 32746			83						}
				84	City C		-	85 Zip	Code	$\dashv$
				1	- 20	RRENTO	FL	_   고	<u> </u>	_
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the al	bove	named co	rporation submits this statement for the purp ition's board of directors. I hereby accept the	ose of cl	nanging it	s registered	
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Stati	utes.	ne corpora	months board of directors. Thereby describe	прро		-9	
SIGNATURE										
	Signature, typed or printed name of registered agent OFFICERS AND		gistered 13.	Agent	signature requ	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS IN 12	- 6
12.	PSD OFFICERS AND	DELETE	1.1 Til	n F		ADDITIONAL OF THE		Change		7 7
TITLE	MILLER, BRUCE, C		1.2 NA							5
NAME					ADDRESS	23801 WOLF BRANCE	+ Kx	CARC		8
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TITLE			6.2 N		[			دو		
NAME					ADDRESS					
STREET ADDRESS			0.53	HILET	~					-

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 of 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 of the federive 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 change to the advancement with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR