Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90020 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999 DIVISION OF CORPORATION			ONS	03-23-1999 90020 001 ***150.00	
i Lorporation						
DONNEL	L CONSULTANTS INCORP	ORATED				
Principal Place	e of Business	Mailing Address				
% STEWART A ONE DALE MAI TAMPA FL 3360	% STEWART A. DONNELL ONE N DALE MABRY STE TAMPA FL 33609 US	N DALE MABRY STE 1040			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
		1 2 1 2 2 2 2				02/01/1987
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	Suite, Apt. #, etc.	And # ota			59-2777649 Not Applicable	
Suite, Apt.		27			5. Certificate of Status Desired Fee Required	
City & Stat	City & State City & State				-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. 🔀 Yes 🗌 No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
Donnell, Stewart A.				["	Name	,
ONE N DALE MABRY #1040				82	Street /	t Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33609						
17/11/1 A 1 E 30009				83		
	. '	•		84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flor	s, the a uthorized ida Stat	bove by t utes.	named the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE						required when reinstating) DATE
42	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered	Agent	t signature re	Prequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS AI	DELETE	1.1 T			Change Addition
	DONNELL, STEWART A.	□ \$	1.2 N		ļ	
NAME OTREST ADDRESS	931 S.DAKOTA AVE.				ADDRESS	
STREET ADDRESS	TAMPA FL	•	4		- 1	
CITY-ST-ZIP	STD	□ DELETE	2.1 TI	TY-ST	-ZIP	Change Addition
NAME	HERTZBERG, ETTA	4 *		2.2 NAME		
NAME STREET ADDRESS	120 PROMEVADE CIRCLE				ADDRESS	
STREET ADDRESS	THORNHM ON		2.4 CITY-			-
TITLE	THOMATIM OIL	DELETE	3.1 TITLE		,- 631	Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS					ADDRESS	S
CITY-ST-ZIP				ITY-SI	į	1
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 N	AME	}	
STREET ADDRESS		,	4.3 ST	TREET	ADDRESS	s
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP	
TITLE		☐ DELETE	5.1 TI			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$1	TREET	ADDRESS	s

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

E.RESTARDONNELL

DELETE

Change

Addition