ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

1215 PALMETTO CT

2a. Mailing Address

Suite, Apt. #, etc.

US

26

VERO BEACH FL 32963

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

Principal Place of Business

Suite, Apt. #, etc.

115 PALMETTO CT ERO BEACH FL 32963



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BUSINESS CONSULTING, INC.

27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property. Yes ... No 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name YOUNG, MARILYN D. 82 Street Address (P.O. Box Number is Not Acceptable) 1395 IVY CT VERO BEACH FL 32963 83 Zip Code 84 City 85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. **IGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ΠP Addition ìΕ _ DELETE Change YOUNG, MARILYN D. 1.2 NAME ME 1215 PALMETTO CT REET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 1.4 CITY-ST-ZIP Y-ST-ZIP 2.1 TITLE Addition LE DELETE Change 2.2 NAME ME 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZIP Y-ST-ZIF 3.1 TITLE Change Addition LE DELETE 3.2 NAME ΜE REET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Y-ST-ZIP 4.1 TETLE Change Addition LΕ DELETE 4.2 NAME ٧E 4.3 STREET ADDRESS **₹EET ADDRESS** 4.4 CITY-ST-ZIP Y-ST-ZIP 5.1 TITLE Change Addition DELETE .E 5.2 NAME Æ 5.3 STREET ADDRESS EET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP 6.1 TITLE Addition Æ ☐ DELETE 6.2 NAME Æ 6.3 STREET ADDRESS **EET ADDRESS** Y-ST-ZiP 6.4 CITY-ST-ZIP

FILED Jul 13, 1999 8:00 am **Secretary of State**

07-13-1999 90003 028 ***550.00 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1989 4. FEI Number Applied For 52-1635267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required CR2E034 (5/99)

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.

IGNATURE

Daytime Phone #