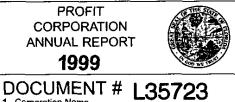
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90085 038 ***150.00

oo poration manto		
WESCOTT CONSULTING, INC.	Company of the Compan	,

Principal Place	e of Business	Mailing Address				- 1 140 11013 005 11103 03111 1001	1 31000 (Sil U (U)		
!		C/O JAMES L. WESCOTT The	T15+17						
925 CRESCENT BEACH ROAD		925 CRESCENT BEACH ROAD					4		
VERO BEACH FL 32963		VERO BEACH FL 32963 1 115	VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE			
ļ 						3. Date Incorporated or Qualif 12/08/1989	ed		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26	<u> </u>			65-0163105			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22	.,	27			5. Certificate of Status Desired Fee Required				
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be			May Ro	
23	,	28				Trust Fund Contribution	'9 🗆	•	d to Fees
Zip	Country	Zip				8. This corporation owes the o	urrent vear In		
24	25		<u>-</u> -, '			Personal Property Tax.	anon, your n	Yes	□No
	9. Name and Address of Current		'' 			10. Name and Address of Ne	w Registered		
}	o. Haire and Page 630 of Ourient	rogistoros rigorit	81	Na	me				
WES	COTT, JAMES L.	S	L.						
	CRESCENT BEACH ROAD	و معدد به ع	82	Ste	eet Addre	ess (P.O. Box Number is Not Acce	ptable)		
	O BEACH FL 32963	**	83	 					
]			. 03	Ί.					
			84	Cit	у		FL	85 Zi	p Code
11 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	<u>L</u> e-nar	ned como	oration submits this statement for t	he purpose o	f changing	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	orized by	the o	corporation	n's board of directors. I hereby ac	cept the appo	ointment as	registered
SIGNATURE								-	
	Signature, typed or printed name of registered agent			nt signa	ture required	when reinstating)	DATE	ND DIDEO	TODE IN 40
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A		
TITLE	D	L) DELETE	1.1 TITLE					[_] Chang	e CT Addition
NAME	WESCOTT, JAMES L.		1.2 NAME						
STREET ADDRESS	925 CRESCENT BEACH RD.		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	VERO BEACH FL	10	1.4 CITY+S	T-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE					Chang	e 🗌 Addition
NAME	WESCOTT, MARJORIE		2.2 NAME			_			
STREET ADDRESS	925 CRESCENT BEACH RD.		2.3 STREE	TADDE	RESS	.t			
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-S	ST-ZIP	- I	·			
ΠΙΕ		☐ DELETE	3.1 TITLE					Chang	e [] Addition
NAME			3.2 NAME		ļ.				
STREET ADDRESS			3.3 STREE	TADDE	(ESS			· . -,	
CiTY-ST-ZIP			3.4. CITY-S	ST-ZIP	ĺ				[
TITLE		☐ DELETE	4.1 TITLE			7 5.		Chang	e 🔲 Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE		ESS	,			
CITY-ST-ZIP		j		_			-		
TITLE		DELETE	5.1 TITLE					Chang	e 🔲 Addition
NAME		· - ·	5.2 NAME		ļ				_
STREET ADDRESS			5.3 STREET	TADOF	ESS				i
ł l			5.4 CITY-S		-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Chang	e Addition
}	•		6.2 NAME		ļ			01.011g	
NAME		•		TADOS	Eee				İ
STREET ADDRESS			6.3 STREET		(C62)	•			
CITY-ST-ZIP			6.4 CITY-S	I-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 any attachment with an address, with all other like empowered.