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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90206 036 \*\*\*150.00

## DOCUMENT # L54728

1. Corporation Name

**CONSULEF CORPORATION** 

Principal Place	of Business	Mailing Addres	s			$\neg$	1 (84) (6		#81#    CO    C	li Atali Aidi	)   #1864   B1841   B	
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							03/01/19					
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Suite, Apt. :	#, etc.	Suite, Apt. :	r, etc.			5.	Certifcate o	f Status Dė̃si	red 🗌		ې Fee Re	
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24 361	9. Name and Address of Current	Pagistared Agent		142		10		Address of	New Regis			
	3. Name and Address of Current	Registered Agent		81 1	Name		Traine and				<u> </u>	
FIIV	VOOD, RICHARD L.											
1	VINELAND RD			82 3	Street Ad	ddress (P	P.O. Box Nur	nber is Not A	cceptable)	۱		1
	E M-7			83	200		derry					
	ANDO FL 32811			**								
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	to the provisions of Sections 607.0502	1007.4500.51-	Ed- Chabitan I	<u> </u>	LOVE	$\Delta W^{C}$	ULA a submita thi	e statement f	or the nurr		henging its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such cha	nge was autho	orized by the	e corpora	ation's bo	oard of direct	ors. I hereby	accept the	appoint	ment as re	gistered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607	.0505, Florida	Statutes								}
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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:

HURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Dayline Phone #