



SECOND-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).

0091465

|                                                                     |                                                                                   |                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                        |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # M92697</b>                                            |                                                                                   |                                                                                                          |
| 1. Corporation Name<br><b>NATIONAL MANAGEMENT CONSULTANTS, INC.</b> |                                                                                   |                                                                                                          |

FILED  
99 AUG -4 PM 12:32  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  


|                                                                                                          |                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>121 1ST STREET EAST<br/>SUITE 104<br/>TIERRA VERDE FL 33736<br/>US</b> | Mailing Address<br><b>C/O JOSEPH L SICILIO<br/>P O BOX 67033<br/>ST PETERSBURG BCH FL 33736</b> |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                |                        |                                                                                 |  |                                                                                                                                 |  |
|--------------------------------|------------------------|---------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |                        | 2a. Mailing Address                                                             |  | 3. Date Incorporated or Qualified<br><b>08/04/1988</b>                                                                          |  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2933888</b>                                              |  | Applied For<br>Not Applicable                                                                                                   |  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required                                                                                                  |  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                                                                                                     |  |
| 24 Country                     | 29 Country             | 30 Country                                                                      |  | 8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                                                                |  |                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>SICILIO, JOSEPH L.<br/>121 - 1ST ST E #104<br/>TIERRA VERDE FL 33715</b> |  | 10. Name and Address of New Registered Agent          |  |
| 81 Name                                                                                                                        |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83                                                                                                                             |  | 84 City                                               |  |
| 85 Zip Code                                                                                                                    |  | FL                                                    |  |

11. 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                                          |                                                       |                                                                   |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SICILIO, JOSEPH L.</b>                | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | <b>121 1ST ST E 104</b>                  | 13 STREET ADDRESS                                     | <b>300002959363--6</b>                                            |
| CITY-ST-ZIP                | <b>TIERRA VERDE FL</b>                   | 14 CITY-ST-ZIP                                        | <b>-08/13/99--01075--006</b>                                      |
| TITLE                      | <input type="checkbox"/> DELETE          | 21 TITLE                                              | <b>***150.00 ***150.00</b>                                        |
| NAME                       |                                          | 22 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 23 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 24 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 32 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 33 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 34 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 43 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 44 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 53 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 54 CITY-ST-ZIP                                        |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                                          | 63 STREET ADDRESS                                     |                                                                   |
| CITY-ST-ZIP                |                                          | 64 CITY-ST-ZIP                                        |                                                                   |

4. 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.

SIGNATURE:  **Joseph L. Sicilio** 7/19/99 Daytime Phone # \_\_\_\_\_

CR2E034 (5/99)

**GIUNTA, FERLITA & WALSH, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS



The CPA. Never Underestimate The Value. <sup>SM</sup>

SAM A. GIUNTA, C.P.A. (Retired)  
SAM S. FERLITA, C.P.A.  
VINCENT E. WALSH, C.P.A.  
FROMENT JOHN GONZALEZ, III, C.P.A.

MEMBERS:  
AMERICAN INSTITUTE OF C.P.A.'S  
S.E.C. AND PRIVATE COMPANIES  
PRACTICE SECTIONS  
FLORIDA INSTITUTE OF C.P.A.'S

July 26, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Florida 32303-1500

RE: National Management Consultants, Inc  
1999 Annual Report

The above referenced Company has requested our assistance in connection with their annual filing.

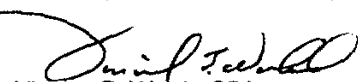
For the past six months, the President of the Company has been incapacitated due to decompression of the spine which resulted in surgery on April 1, 1999 for a fusion of five vertebrae.

As a result of these events, he has been unable to attend to corporate matters including the filing of various tax reports. He is currently in a cast which is expected to remain for a period of nine months from the time of his surgery.

We therefore request you consider these circumstances and allow the Company to be reinstated for the \$150. fee. Your consideration is appreciated.

Please call us if you have any questions. Thank you in advance for your understanding of these unfortunate circumstances.

Sincerely yours,  
GIUNTA, FERLITA & WALSH, PA

  
Vincent E. Walsh, CPA

cc: Joseph Sicilio

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