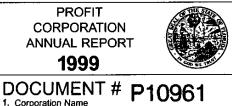
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90051 026 ***150.00

CONSUL	TANT & PROMOTIONAL SE	HAICES, IMC.								
Principal Place	e of Business	Mailing Address	•			- I 1981/881 set tratt darin tatis attar tilet attar	918H WIÐI	1.84844.81	B)(B(E() (BB)	
4229 N. TRAIL DOMESTICATED 4229 N. TRAIL SARASOTA FL 34234 SARASOTA FL 34234										
US OS						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			1	
2. Principal Place of Business 2a. Mailing Address						07/29/1986 4. FEI Number	- 1	Δpr	olied For	
·	lace of business	<u> </u>	Maining Address			59-2820608		_ + _ ′ ′	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additiona			
22	<i>"</i> , 5.5.	27				5. Certificate of Status Desired Fee Required				
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23 28						Trust Fund Contribution				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In				
24	25	29	30			Personal Property Tax.	□ Ye		□No	
	9. Name and Address of Curren	t Registered Agent		81	Nome	10. Name and Address of New Registered	Agen			
70.1	TAN, DEVENYI			01	Name					
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
) n. tamiami trail Asota fl 34234			83						
0,40	NOOTA TE GREAT			63						
•				84	City	FI	85	Zip C	ode	
44 D	A. M	2 607 1509 Elorida St	atutos the al	hove	named como	pration submits this statement for the purpose o	= f.chanc	ing its	registered	
office or re	enistered agent or both in the State (of Florida. Such change wa	is authonzed	1 DV f	ne comorazioi	n's board of directors. I hereby accept the appo	intmen	as reg	istered	
	m familiar with, and accept the obligat	ions of, Section 607.0505,	Flonda Statt	utes.						
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (f	IOTE: Registered	Agent	signature required	when reinstating) DATE			— i	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIF	ECTO	RS IN 12	
TITLE	PTD DELETE		1,1 111	1,1 TITLE				hange	☐ Addition	
NAME	DEVENYI, ZOLTAN		1.2 NA	1.2 NAME						
STREET ADDRESS	4229 N. TAMIAMI TR 13			I.3 STREET ADDRESS						
CITY-ST-ZIP	0.44.00			TY-ST	-ZIP					
TITLE	.00		2.1 TIT	2.1 TITLE			Пс	hange	☐ Addition	
NAME	DEVENTI, HEDITO		2.2 NA	2.2 NAME						
STREET ADDRESS	4229 N. TAMIAMI TR		2.3 ST	REET.	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			ΠY-\$1	r-ZIP				€ Addition	
TITLE		☐ DELETE	I -				Цζ	hange	[] Modition	
NAME			3.2 NA		ĺ				ĺ	
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TITLE	·	☐ DELETE						90	ر ,ورون ا	
NAME			4. 2 N		ADDOCCC				Ì	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		TY-ST-	- 214		П	hange	Addition	
TITLE		_ 500010	5.2 NA					•	_	
NAME STREET ADDRESS			ı		ADDRESS					
STREET ADDRESS				TY-ST						
CITY-ST-ZIP TITLE		☐ DELETE						hange	Addition	
NAME	}		6.2 NA	AME						
STREET ADDRESS			6.3 ST	TREET.	ADDRESS					

6.4 CITY-ST-ZIP 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 suppliemental 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: