PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000013564

1. Corporation Name

CARPE DIEM CONSULTANTS, INC.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90053 005 ***150.00



0/11/1/20	,,									
Principal Place	e of Business	Mailing Address				I (Bellient tie teitt eren en		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1171 COATES LANE		1171 COATES LANE								
CUDJOE KEY FL 33042		CUDJOE KEY FL 33042			DO NOT WRITE IN THIS SPACE					
US		US			3. Date Incorporated or Qualifed					
						02/18/1994				
2 Principal Pl	aco of Business	2a, Mailing Addre	ess			4. FEI Number		- Ap	plied For	٠
2. Principal Place of Business		26				65-0467573		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ed 🗀	\$8.75 A		
22		27			5. Certifcate of Status Desire		Fee Re	quired		
City & State		City & State			6. Election Campaign Finance	ing	\$5.00	May Be		
23		28				Trust Fund Contribution		Added to	o Fees	
Žip	Country	Zip		Country		8. This corporation owes the	current year In	tangible	A.	
24	25	29	30			Personal Property Tax.			Æ(No	
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of N	ew Registered	Agent	- '	
				81	Name					
	AL, EROL M ESQ.			82	Street Ad	dress (P.O. Box Number is Not Ac	ceptable)			
• • • • • • • • • • • • • • • • • • • •	FLOOR BARNETT BANK BLDG.									
	25, U.S. HWY ONE			83				٠.		
SUM	IMERLAND KEY FL 33042	•		84	City			85 Zip C	Code	
					*		FI	<u> </u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florid	da Statutes, the	e above	e-named co	rporation submits this statement fo-	r the purpose of	f changing its sintment as reg	registerea gistered	
office or re	egistered agent, or both, in the State	OF FIORIDA. SUCH CHAIR				don o board or an other or the tall			-	٠
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0	505, Florida S	tatutes	·					
SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0	J5U5, Florida S	iaiules	•					•
SIGNATURE	m familiar with, and accept the obligation of th	ent and title if applicable.	(NOTE: Registe	ered Ager	•	ired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		í
SIGNATURE	m familiar with, and accept the obligated and accept the obligated state of registered age OFFICERS AND ACCEPTS AN	ations of, Section 607.0 ant and title if applicable. ND DIRECTORS	(NOTE: Registe	ered Agen	•		DATE	ND DIRECTO	RS IN 12	(00)
SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0 ant and title if applicable. ND DIRECTORS	(NOTE: Registr	ered Agen 13. 1 TITLE	•	ired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		(00, 17)
SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P	ations of, Section 607.0 ant and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME	it signature requ	ired when reinstating)	DATE	ND DIRECTO	RS IN 12	(00)
SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered age OFFICERS At DP STIEFBOLD, RODNEY P 1171 COATES LANE	ations of, Section 607.0 ant and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET	t signature requ	ired when reinstating)	DATE	ND DIRECTO	RS IN 12	(00 FF)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL	ent and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET	t signature requ	ired when reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12	10010
SIGNATURE 12. TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD	ent and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S	t signature requ	ired when reinstating)	DATE	ND DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE	ent and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	nt signature requirements of ADORESS	ired when reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE	ent and title if applicable. ND DIRECTORS	(NOTE: Registrement of the control o	ered Ager 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET	rt aignature requirement of ADORESS	ired when reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DE	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S	rt aignature requirement of ADORESS	ired when reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DE	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE	rt aignature requirement of ADORESS	ired when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligation of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DE	(NOTE: Registrement of the control o	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	ired when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0 ant and title if applicable. ND DIRECTORS DI	(NOTE: Registrement 1	ered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 1 STREET	T ADDRESS T-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement of the control o	are d Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 4 CITY-S 4 CITY-S 4 CITY-S	T ADDRESS T-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 13 STREET 14 CITY-S 1 TITLE 15 TITLE 16 TITLE 17 TITLE 18 TITLE 18 TITLE 18 TITLE 19 TITLE	T ADDRESS T-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 3 STREET 5 NAME 6 S NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 3 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement 1	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 5 NAME 6 STREET 6 CITY-S 6 TITLE 6 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI	(NOTE: Registrement of the property of the pro	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 5 NAME 3 STREET 6 CITY-S 1 TITLE 6 STREET 7 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI DI DI DI DI DI DI DI D	(NOTE: Registrement of the property of the pro	ITALE A CITY-S TITLE A CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating)	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	300 177 1001010
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI DI DI DI DI DI DI DI D	(NOTE: Registrement of the property of the pro	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 5 NAME 6 STREET 6 CITY-S 6 TITLE 6 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT DP STIEFBOLD, RODNEY P 1171 COATES LANE CUDJOE KEY FL STD BOEHM, DENISE 1171 COATES LANE CUDJOE KEY FL	ations of, Section 607.0 Int and title if applicable. ND DIRECTORS DI DI DI DI DI DI DI DI DI D	(NOTE: Registrers 1	ared Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET 4 CITY-S 1 TITLE 52 NAME 53 STREET 54 CITY-S 54 TITLE 55 NAME 56 CITY-S 56 TITLE 57 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition	

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: