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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

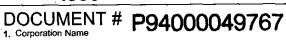
Katherine Marris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90087 050 ***150.00



GOLDSTEIN FINANCIAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

10169 SAYGLASS WAY

10169 SPYGLASS WAY



BOCA RATON FL 33498		BOCA RATON FL 33498		DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualifed		
				06/29/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	1111	4 EEI Number	Applied For	
214776	ORCHARD LANE		HRD LAN	65-0508978	Not Applicable	
Suite, Apt.	#, etc.	Suité, Apt. #, etc.		l e Cartifonto of Status Desired	3.75 Additional Fee Required	
City & State Gity & State		Sity & State	COLUE	/ 0 , =:==::::	5.00 May Be	
<u>23 Y) () (- </u>	Country	Zip	Country	This corporation owes the current year Intangible		
Z ~~ ? 34	14r 25 (). (29 33445 30	1 115	Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agen	t	
81 Name						
GOLDSTEIN, STANLEY B				ddress (P.O. Bax Number, is Not Acceptable),		
10169 SAYGLASS WAY			477	4776 OK-CHARD LANE		
BUU	A KATUN FL 33498		83 ′			
À.	•	*	84 Sty	RAY REACH FL 85	33441	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conforation 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						
office or registered agent, or both, in the State of Flonda, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaistance)						
12.	OFFICERS AND	DELETE.	13.		change	
NAME	D Goldstein, Stanley B		1.2 NAME	AL AKINAM LINE	· -	
	10169 SAYGLASS WAY		1.3 STREET ADORESS	4776 ORCHARD LANE		
STREET ADDRESS	BOCA RATON FL		1.4 CITY-ST-ZIP	4776 ORCHARD LANE BELRAY BEACH, FL. 22	445	
CITY-ST-ZIP TITLE	BOOK INTONTE	☐ DELETE	2.1 TITLE		Change	
NAME			2.2 NAME		Į	
STREET ADDRESS	•		2.3 STREET ADDRESS	,	[
CITY-ST-ZIP			2.4 CITY-ST-ZIP	_ <u>_</u>		
TITLE		☐ DELETE	3.1 TITLE		hange	
NAME	<u>್ ಕಾಮ್ರೀಯ ಮತ್ತು ಕಾರ್ಯಕ್ರಮ ಪತ್ರಿಕ</u> 		3.2 NAME			
STREET ADDRESS.	•		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	
NAME	•		4.2 NAME		j	
STREET ADDRESS		`	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
IUTE		☐ DELETE	5.1 TITLE	Ц¢	Change	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		[
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change [] Addition	
TITLE		☐ DELETE	6.1 TITLE	. ⊔‹	Change	
NAME, .			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS	•	ļ	
CITY-ST-ZIP			6.4 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 conforation 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE