May 07, 1999 8:00 am Secretary of State

05-07-1999 90117 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400057963

1. Corporation Name

ANDERSON CONSULTING GROUP, INC.

Į								
Principal Place of Business Mailing Address			`		3 10031005 130 JOST BERLE BRILL ABILL ABIL	19919 19119 1	TILDO CUE LOS	
13014 N. DALE MABRY HWY. SUITE 2859 TAMPA FL 33618		SUITE 2859	13014 N. DALE MABRY HWY. SUITE 2859 TAMPA FL 33618			DO NOT WRITE IN THIS SPACE		
1AMIA 12 330	76	TAMIA IL SSOIN	,			3. Date Incorporated or Qualifed		•
						08/05/1994		
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number	Apr	plied For
21		26			·	59-3258690	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	8.75 A	
22		27					Fee Rec	
City & Stat	e	City & State	1			11	\$5.00 N Added to	
Zip	Country	Zip		Country		Trust Fund Contribution 8. This corporation owes the current year Intang		rees
24	25	29	30	l		· · · · · · · · · · · · · · · · · ·		XNo
24	9. Name and Address of Curre					10. Name and Address of New Registered Age		
				81	Name			
CASTILLO-BATISTA, IVAN					Stroot Ac	address (P.O. Box Number is Not Acceptable)		
3905 TUDOR CT				82	Stieet At	addless (1.0. Dox Nathbol is Not Acceptable)		
	. 230			83				
TAMPA FL 33614			84	City		35 Zip C	ode	
	_						<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes, t	the above	named co	corporation submits this statement for the purpose of cha ration's board of directors. I hereby accept the appointment	nging its r	registered iistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607	.0505, Florida	Statutes.	the oblipor	ration 3 board of directors. The oby decept the appointment	J. 1. 45 759	
SIGNATURE								
	Signature, typed or printed name of registered ag		(NOTE: Regi		t signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO	DS IN 12
12.	P OFFICERS A	ND DIRECTORS	ELETE	13.			Change	Addition
NAME			1.2 NAME	İ		,		
STREET ADDRESS	13014 N. DALE MABRY HWY.	SHITE 2850	į.	1.2 TOWNE 1.3 STREET	ADDRESS			į
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST	1				
TITLE			2.1 TITLE	-] Change	Addition	
NAME			ŀ	2.2 NAME				
STREET ADDRESS			į	2.3 STREET	ADORESS			{
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP			
TITLE			ELETE	3.1 TITLE] Change	Addition
NAME			ŀ	3.2 NAME				
STREET ADDRESS			i	3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE				4.1 TITLE] Change	☐ Addition
NAME				4, 2 NAME	- 1			
STREET ADDRESS				4.3 STREET	ŀ			
CITY-ST-ZIP				4.4 CITY-ST	-ZIP] Change	Addition
TITLE		Шi		5.1 TITLE 5.2 NAME		L) Change	
NAME				5.2 NAME 5.3 STREET	ADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

LE ZINN CASTILLO BATISTA 4-15-99 (813) 935-1146

Change

Addition