

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90037 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019853 (7) *ok*
1. Corporation Name

CORPORATE CONSULTING, INC.

Principal Place of Business	Mailing Address
12955 BISCAYNE BLVD SUITE #408 NORTH MIAMI FL 33181	12955 BISCAYNE BLVD SUITE #408 NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3741 N.E. 163RD STREET Suite, Apt. #, etc. 22 SUITE #150 City & State 23 NORTH MIAMI BEACH, FL Zip 24 33160	26 3741 N.E. 163RD STREET Suite, Apt. #, etc. 27 SUITE #150 City & State 28 NORTH MIAMI BEACH, FL Zip 29 33160

3. Date Incorporated or Qualified	Applied For
03/08/1995	Not Applicable
4. FEI Number	
65-0570210	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUCLAIR, MELITTA M.
451 POINCIANA ISLAND DRIVE
NORTH MIAMI BEACH, FL 33160

81 Name	
82 Street Address (PO Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUCLAIR, ROLAND G.	
STREET ADDRESS	451 POINCIANA ISLAND DRIVE	
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUCLAIR, MELITTA M.	
STREET ADDRESS	451 POINCIANA ISLAND DRIVE	
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUCLAIR, ROLAND A.	
STREET ADDRESS	2872 STEAMBOAT LOOP	
CITY-STATE-ZIP	NORTH FT MEYERS, FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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:

ROLAND AUCLAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(anytime Phone)

CR2E034 (10/97)