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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000022592

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90256 030 ***150.00

NFP CO	NSULTANTS, INC.						
Principal Place	e of Business	Mailing Address	···		E IMMINDE UR INCHT Affir GRIFF Gerif Ratif antil antil	#### 41 6 02 ##	11# 18118 1181 FREI
2070 RINGLING BOULEVARD 2070 RINGLING BOULEVARD							
SARASOTA FL 34239 SARASOTA FL 34239					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	SPACE	 j
į					03/17/1995		İ
Principal Place of Business 2a. Mailing Address					4. FEI Number	-117	Applied For
					65-0573201	-	Not Applicable
21 26							Additional
22 27					5. Certificate of Status Desired		Required
City & State City & State				_	6. Election Campaign Financing	\$5.0	0 May Be
23	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Inter-	angible	
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
500	NI ENZ. 1830 4 1864 A		81	Name			J
DOOLEY, WILLIAM A				Street Add	tress (P.O. Box Number is Not Acceptable)		
2070 RINGLING BOULEVARD							
SAR	ASOTA FL 34239		83				•
İ			84	City		85 Zig	p Code
				1	FL FL		
office or r agent, I a	MAKADA				poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint when reinstating).	ntment as	registered
42	Signature, typed or printed name of registered agen	ID DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	TORS IN 12
12.	D OFFICERS AIN	□ DELETE	1.1 TITLE		ADDITIONAL OF TO OF TOZETO	☐ Change	
NAME	PISCITELLI, NICHOLAS F		1.2 NAME				
STREET ADDRESS	1812 WOODHAVEN CIRCLE			ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-S	· 1			
TITLE	OATTOOTA TE GTESE	☐ DELETE	2.1 TITLE			Change	e Addition
NAME			22 NAME				
STREET ADDRESS.			2.3 STREE	TADORESS			
CITY-ST-ZIP			2.4 CITY-S	f	يتنا يتجاد دويا التنوي	-	
TITLE		☐ DELETE	3.1 TITLE			Change	e Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	·		
TITLE		☐ DELÉTE	4.1 TITLE			☐ Change	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e
NAME	\		5.2 NAME	1			,
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e
NAME			6.2 NAME	}			
STREET ADDRESS				T ADDRESS	÷:		
CITY-ST-ZIP			6.4 CITY-S	T-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 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 or an attachment with an address, with all other like empowered.

SIGNATURE: