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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000041067

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

ROUGE	CONSULTANT SERV	ICES, INC.								
Principal Place	a of Rusiness		Address					iiti <b>ed</b> iri <b>de</b> ili	OFOOT HEN OFILE	<b>A</b> III(1 <b>4 0 0</b> 1 10 01
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204 SEA COAST LANE 204 SEA COAST LANE PONTE VEDRA FL 32082 PONTE VEDRA FL 32082						ŀ				
US US						Ĺ	DO NOT WR	TE IN THIS	S SPACE	
							3. Date Incorporated or Qualifed			
							05/22/1995			
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		) Ap	plied For
21		26					59-3320972		No	t Applicable
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> ∧	
22		27	27				J. Certificate of Citation Besinos		Fee Re	quired
City & Stat	e	Cit	y & State			}	6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Count	ry		8. This corporation owes the curr	rent year In		}
24	25	29		30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of	of Current Registere	d Agent				10. Name and Address of New	Registered	Agent	
1100	CATT IAMES			]8	1 Name					
	GATT, JAMES			8	2 Street	Address	(P.O. Box Number is Not Accept	able)		
	SEA COAST LN	0000		L						
PUN	TE VEDRA BEACH FL 32	2002		8	3					
				8	4 City	<del></del>		FL	85 Zip C	Code
44 5	to the annuicione of Coefficie	- 607 0502 and 607 1	509 Elorida Stati	ites the abo	we-named	corpors	tion submits this statement for the		f changing its	registered
office or n	registered agent, or both, in t im familiar with, and accept t	the State of Florida. S	Such change was stion 607 0505. El	authorized b	y the corpo	oration's	tion submits this statement for the board of directors. I hereby acce	pt the appo	intment as reg	gistered
agent, i a	illi laillillai willi, alia accopt i				JG.					
1	TOTAL STATE OF THE	10/10	-		50.		2	3-15-	-99	
SIGNATURE	Signature, typed or printed name of re	to 6/01 to	<b>:</b>	FE: Registered A		fw beniuper	nen reinstating)	3-15-		
1	Signature, typed or printed name of re	to 6/01 to	icable. (NOT	TE: Registered A	gent signature n	required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	
SIGNATURE	Signature, typed or printed name of re OFFIG	egistered agent and title if appl	icable. (NOT	ΓΕ: Registered A	gent signature n	required wh	nen reinstating)	DATE		PRS IN 12
SIGNATURE	Signature, typed or printed name of re OFFICE PVD HOGGATT, JAMES	egistered agent and title if appl	icable. (NOT	TE: Registered A	gent signature n	required wh	nen reinstating)	DATE	ND DIRECTO	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP