

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06 1998 8:00am
Secretary of State

DOCUMENT # P95000061730 (4)

1. Corporation Name

GOODMAN, OLORTEGUI CONSULTING, INC.



Principal Place of Business

2998 BAY SHORE DRIVE
TALLAHASSEE FL 32308

Mailing Address

2998 BAY SHORE DRIVE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3244 S. ST. LUCIE DR.

Suite, Apt. #, etc.

22 City & State

23 Casselberry

24 Zip

32707

Country

25 Seminole

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 FL

29 Zip

30 USA

Country

30 USA

9. Name and Address of Current Registered Agent

GOODMAN, MARLENE R
2998 BAY SHORE DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

59-3330348

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

L. GOODMAN

82 Street Address (P.O. Box Number is Not Acceptable)

3244 S. ST. LUCIE DR.

83

84 City

Casselberry

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 607.0502 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

Marlene R. Goodman

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/98

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P
GOODMAN, MARLENE R
2998 BAY SHORE DRIVE
TALLAHASSEE FL 32308

TITLE NAME ☒ DELETE

VP
OLORTEGUI, ARMANDO
POST OFFICE BOX 23, SANTA ANA 2000
SAN JOSE, COSTA RICA, CEN AM

TITLE NAME ☐ DELETE

D
GOODMAN, LEONARD J
2998 BAY SHORE DRIVE
TALLAHASSEE FL 32308

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

L. GOODMAN P

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

M. GOODMAN VP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

300002610153

-08/07/98--01004--050

***150.00

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

PE

8.6

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.

SIGNATURE

Marlene R. Goodman

L.J. GOODMAN

4/1/98

CR2E034 (10/97)