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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000084287 (8)

. Corporation Name	(U)	
WITMAN INVESTMENT CONSULTING, INC.		

	F	ILED	
May	16	1997	8:00am
Sec	cret	ary of	State

Principal Place 10242 NW 47T SUITE 27 SUNRISE FL 3	TH ST	Mailing A 10242 NN SUITE 27	47TH ST				3	Date Incorporated or Qualified	3a. D	ate of Last I	
								11/02/1995	08	/06/1996	
	lace of Business	<u> </u>	g Address				1	FEI Number		<u> </u>	pplied For
21	Al	26	Apt. #, etc.			······································		65-0622906			lot Applicable
Suite, Apt.	. #, EtC.	27 Suite,	Apr. #, etc.					Certificate of Status Desired			Additional lequired
City & Stat	te		State					. Election Campaign Financing) May Be
23		28					'	Trust Fund Contribution			to Fees
Zip	Country	Zip		Co	untry			This corporation has liability for	intangible	e tax under	s. 199.032,
24	25	29		30					Yes		
	9. Name and Address of C	urrent Registered /	Agent		I		10). Name and Address of New Re	gistered	Agent	
	untford, david w				81	Name					
	242 NW 47TH ST				B2	Street A	Address	(P.O. Box Number is Not Acceptal	ble)		
	ITE 27										
j sur	NRISE FL 33351				83						
					84	City			· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					┸┸		····		<u>Fl</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
agent I a	Signal inc. typed or printed name of registe	PAULD W. ered agent and title if applica	MOND (NOT)	to a	QS	•	required w	ion submits this statement for the board of directors. I hereby acce on reinstating)	3 II	2197	
12.		S AND DIRECTORS		13.		·····		ADDITIONS/CHANGES TO OFFICE	CERS AN		
TILE	PM		☐ DELETE		TITLE		P	5 M		Change	Addition
NAME	MOUNTFORD, DAVID W	r 47		- 1	NAME	1	Wor	ntford, David (12NW 47th St. Su	1140	てつ	
STHEEL ADDRESS	10242 NW 47TH ST SUIT	E 2/				ADDAESS	1020	12 MW 4 ITM DT.			
CHY-SI-7/P	SUNRISE FL		Consta		CITY-ST	- ZIP		ふしょ たく ファック	- 1		
TITLE			☐ DELETE				Jur	RISE, FL 3335	5 1		Literation
NAMÉ					IIILE	1	Jur	IRISE, FL 3335	5 1	☐ Change	Addition
	1			2.21	NAME		Dur	irise, FL 3335	5 1		Addition
STREET ADORESS				2.2 h 2.3 S	NAME STREET /	ADDRESS	Jur	irise, FL 3335	1		Addition
City - ST - ZiP				2.21 2.35 2.4	NAME STREET A		Jur	irise, FC 3335	5 1	☐ Change	
CHY-ST-ZIP TITLE			DELETE	2.21 2.35 2.4 3.11	NAME STREET / CITY - SI		Jur	irise, FC 3335	1		Addition
CITY - ST - ZIP TITLE NAME				2.21 2.35 2.4 3.11 3.21	NAME STREET A CITY-SI TITLE NAME	T-ZIP	Jur	irise, FC 3335	1	☐ Change	
OTY - ST- ZIP TITLE NAME STREET ADDRESS				2.2 h 2.3 5 2.4 3.1 1 3.2 h 3.3 5	NAME STREET A GITY-S TITLE NAME STREET A	T-ZIP ADDRESS	Jur	irise, FC 3335	1	☐ Change	
C/TY+ST+ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ DELETE	2.2 h 2.3 5 2.4 3.1 1 3.2 h 3.3 5 3.4	NAME STREET / CITY-S' TITLE NAME STREET / CITY-S'	T-ZIP ADDRESS	Jur	rise, FC 3335	1	☐ Change	Addition
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14. I do 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: