


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084287 (8)

1. Corporation Name

WITMAN INVESTMENT CONSULTING, INC.



Principal Place of Business 10242 NW 47TH ST SUITE 27 SUNRISE FL 33351	Mailing Address 10242 NW 47TH ST SUITE 27 SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1995

4. FEI Number

65-0622906

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

2. Principal Place of Business

2a. Mailing Address

21 7131 NW 46th St

26 7131 NW 46th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAUDERHILL, FL

27

City & State

City & State

28 LAUDERHILL, FL

Zip

Country

Zip

Country

24 33319

25 USA

29 33319

30 USA

9. Name and Address of Current Registered Agent

MOUNTFORD, DAVID W  
10242 NW 47TH ST  
SUITE 27  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

DAVID W. MOUNTFORD

82

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

7131 NW 46th St

83

84

City

LAUDERHILL

FL

85

Zip Code

33319

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 David W. Mountford

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	PSM	<input type="checkbox"/> DELETE
NAME	MOUNTFORD, DAVID W	
STREET ADDRESS	10242 NW 47TH ST SUITE 27	
CITY-ST-ZIP	SUNRISE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 on an attachment with an address.

SIGNATURE: David W. Mountford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 572-3600

Daytime Phone # 0302669

CR2E034 (10/97)