1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000084614

1. Corporation Name

AUDITING, BOOKEEPING & CONSULTING, INC.

Country

25

HIGHLAND BEACH FL 33487

DEMARTIN, DENNIS 9114 SOUTH OCEAN BLVD

SUITE 703

Princ	cipal	Pla	ce	O	В٤	ısın	es	55	
0444	COL	TI (	~~	E.A			n	EV/A	ы

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

3114 SOUTH OCEAN BOULEVARD. UNIT 703 HIGHLAND BEACH FL 33487

3114 SOUTH OCEAN BOULEVARD, UNIT 703 HIGHLAND BEACH FL 33487

## FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90042 045 \*\*\*150.00



DO NOT WRITE I	N THIS SPACE
3. Date Incorporated or Qualifed	
11/03/1995	
4. FEI Number	Applied For
65-0618837	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
s Election Campaign Financing	\$5.00 May Be

25	[29]	30			Personal Pro	perty rax.		☐ 162	17140	$\mathbf{H}$
9. Name and Address of Current Registered Agent		1,	10. Name and Address of New Registered Agent							
····			81	Name		-				
rtin, dennis Gouth Ocean Blyd			82	Street Addres	ss (P.O. Box Num	per is Not Acceptable)	•			1
703			83							
AND BEACH FL 33487		84	City				85 Zij	p Code	┪	

Trust Fund Contribution

8. This corporation owes the current year Intangible

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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature re	quired when reinstating) DATE				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PTD DELETE	1.1 TITLE	☐ Change ☐ Additio				
NAME	DEMARTIN, DENNIS	1.2 NAME	,				
STREET ADORESS	3114 SOUTH OCEAN BOULEVARD, UNIT 703	1.3 STREET ADDRESS					
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP					
TITLE	VSD DELETE	2.1 TITLE	☐ Change ☐ Additio				
NAME	DEMARTIN, LILLIAN COURT	2.2 NAME					
STREET ADDRESS	3114 SOUTH OCEAN BOULEVARD, UNIT 703	2.3 STREET ADDRESS					
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	2 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Additio				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio				
NAME		4.2 NAME	•				
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change Additio				
NAME		5.2 NAME	·				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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, with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with an