Applied For

□No

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094887

1. Corporation Name

ESP CONSULTING, INC.				
Principal Place of Business	Mailing Address			(Paristar is taken britt davis mitt davis same same same
5979 N.W. 151ST ST. SUITE 208 MIAMI LAKES FL 33024	5979 N.W. 151ST ST. Suite 208 Miami Lakes Fl 330 2 4			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 12/14/1995
Principal Place of Business 1	2a. Mailing Address 26			4. FEI Number 65-0629469
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired F
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Ac
Zip Country 24 25	Zip 29 30	Country		This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
DOLTON DITTION		81	Name	
BOLTON, PATRICK 241 HAMMOND DRIVE		82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI SPRINGS FL 33166		83		
		84	City	FL 85
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob-	late of Florida. Such change was autho	orized by	the corpo	corporation submits this statement for the purpose of changi rration's board of directors. I hereby accept the appointment
SIGNATURE Stopeture Note or printed name of registered	Boli-	rictered Anen	t skooture re	equired when reinstating) DATE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90057 019 ***150.00



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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS IN 12 14. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR														
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I hereby accept the approximation as registered agent to a familiar with, and accept the obligations of, Section 607.0565. Findred Statutes. Signature 22				84	City			FL 85 Zip Code			e			
Signature, higher printed many of registance of digital and this if applicable. NOTE Registance Agent acquired sequent departs required when normalisting) The STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 1.1 TITLE DOLLON, PATRICK 241 HAMMOND DRIVE 13 STREET ADDRESS MIAMI SPRINGS FL 33166 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE Change Addition Addition Addition Addition TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition TITLE ASTREET ADDRESS STREET	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.													
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME	SIGNATURE Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
TITLE	12.						HANGES TO OFF	ICERS AND	DIRE	CTORS	IN 12			
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	CITY-ST-ZIP					4 1- 0 - 11 - 440 07/01/0	Claude Otation 1	6	6, th=1	the info	rmation			

Interest certay that the information supplied with his limits does not qualify for the exemption stated in Section 135.07(3)(f), ribrida Statutes, 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.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

CR2E034 (11/98)