

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000007046

1. Corporation Name

DREAMWEB CONSULTANTS, INC.

Principal Place of Business

**133 - 80TH AVENUE, NORTH
ST. PETERSBURG FL 33702**

Mailing Address

**133 - 80TH AVENUE, NORTH
ST. PETERSBURG FL 33702**

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90103 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3354885

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MCKEON, CAROLYN
133 - 80TH AVENUE, NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**D
MCKEON, CAROLYN**

NAME

133 - 80TH AVENUE, NORTH

STREET ADDRESS

ST. PETERSBURG FL 33702

CITY-ST-ZIP

TITLE

**D
PORTMANN, SHAWN V**

NAME

143 - 1ST STREET EAST, UNIT 104

STREET ADDRESS

TIERRA VERDE FL 33715

CITY-ST-ZIP

TITLE

**D
TRAINOR, DEBI**

NAME

3506 EHRICH ROAD

STREET ADDRESS

TAMPA FL 33618

CITY-ST-ZIP

TITLE

**D
MILASUS, ZACHARY**

NAME

4628 - 5TH AVENUE NORTH

STREET ADDRESS

ST. PETERSBURG FL 33713

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

121 1st St E. #103

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Carolyn Mckeon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/99

Date

(727) 578-0044

Daytime Phone #

CR2E034 (1/98)

0405411