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 # P96000011043

1. Corporation Name
LEONARD BERNSTEIN CONSULTING INC.

Principal Place of Business CARDENAS Mailing Address 11737 CARDENAS BLVD
~~5106 GRANT STREET~~ 11737 BLUD ~~5106 GRANT STREET~~ BoynTon BcH.
~~HOLLYWOOD FL 33021~~ Boynton BcH ~~HOLLYWOOD FL 33021~~ FLa 33437
FLa 33437

. DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed **01/29/1996**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **65-0644079**	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNSTEIN, LEONARD 11737 CARDENAS BLVD Boynton BcH FLa 33437 ~~5106 GRANT STREET~~ ~~HOLLYWOOD FL 33021~~	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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE NAME **BERNSTEIN, LEONARD** STREET ADDRESS ~~5106 GRANT STREET~~ 11737 CARDENAS BLVD CITY-ST-ZIP ~~HOLLYWOOD FL 33021~~ Boynton BcH FLa 33437	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/98)

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: _Leonard Bernstein_   4/20/99   561-742-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #