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

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90265 047 ***150.00

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DOCUMENT # P96000020725

1. Corporation Name
SOUTH FLORIDA CONSULTING, INC.

Principal Place of Business	Mailing Address
2414 NORTH 26TH AVENUE HOLLYWOOD FL 33020-1919	2414 NORTH 26TH AVENUE HOLLYWOOD FL 33020-1919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/04/1996

2. Principal Place of Business
21 1549 SE 14th STREET
Suite, Apt. #, etc. 22
City & State 23 FORT LAUDERDALE, FL.
Zip 24 33316 Country 25 USA

2a. Mailing Address
26 1549 SE 14th STREET
Suite, Apt. #, etc. 27
City & State 28 FORT LAUDERDALE, FL
Zip 29 33316 Country 30 USA

4. FEI Number: 65-0649833 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
2414 NORTH 26TH AVENUE
HOLLYWOOD FL 33020-1919

10. Name and Address of New Registered Agent

81 Name: DAVID H. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 1549 SE 14th STREET
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33316

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: D Brown 4/13/99
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	1.1 TITLE		☑ Change ☐ Addition
NAME	BROWN, DAVID H		1.2 NAME		
STREET ADDRESS	2414 NORTH 26TH AVENUE		1.3 STREET ADDRESS	1549 SE 14th STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020-1919		1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33316	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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.

SIGNATURE: D Brown 4/13/99 954-522-2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)