## 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 # POGOGOGIAGO

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90033 012 \*\*\*150.00

1. Corporation  J.F. CON	ISULTANTS, INC.								
Principal Place	of Business	Mailing Address	***************************************						(19 1911 (64)
7625 NORTHWEST 88TH WAY 8281 S. EMERSON WAY									
TAMARAC FL 33321-2426 LITTLETON CO 80122-4313						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
	•					04/04/1996			
2 Drivetan D	lace of Business	2a. Mailing Address			·	4. FEI Number		Ann	lied For
	ISCE OF DUPINGES	26				65-0393471	f	<del></del>	Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8		dditional
22	m, 500.	27				5. Certificate of Status Desired	1	Fee Req	uired
City & State	<del></del>	City & State				6. Election Campaign Financing	<b>\$</b>	5.00 N	May Be
23		28				Trust Fund Contribution		dded to	
Zip	Country	Zip	Соц	untry		8. This corporation owes the current year	r Intangibl	e	
24	25	29	30			Personal Property Tax.		es Y	√No
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registe	red Agent	į .	
100	OUDAN DONALD			81	Name				
	GHRAN, DONALD			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
7522 WILES ROAD STE 102									
COR	AL SPRINGS FL 33067			83					
				84	City		85	Zip Co	ode
							FL "	<u> </u>	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was a tions of, Section 607.0505, Flo	les, the a authorized orida Stat	d by t tutes.	-named corpo the corporation	ration submits this statement for the purpos i's board of directors. I hereby accept the a	ppointmen	it as regi	stered
SIGNATURE						when reinstating) DAT			<u> </u>
12.	Signature, typed or printed name of registered agen		13.		signature required	ADDITIONS/CHANGES TO OFFICER		RECTOR	RS IN 12
TITLE	OFFICERS AND DIRECTORS  PVTS  DELETE		1.1 T					hange	Addition
NAME	FISHE, JAMES W		1.2 N	IAME					ļ
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STREET ADDRESS	•		2.3 \$	TREET	ADDRESS				-
CITY-ST-ZIP						-			
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		DELETE	2.40 3.1 T		T-ZIP			Change	Addition
NAME		☐ DELETE	3.1 T		T-ZIP	-		hange	Addition
NAME STREET ADDRESS		☐ DELETE	3.1 T 3.2 N	TTLE AME	ADDRESS	<u>-</u>		hange	Addition
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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:

303-714-676Z