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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P96000041750

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-05-1999 90021 025 \*\*\*150.00

ARDENT	CONSULTANTS INCORPO	DRATED								
Principal Place of Business Mailing Address 538 FRIAR ROAD P.O. BOX 2022 WINTER PARK FL 32792 WINTER PARK FL 32790 US US						DO NOT WRITE IN THIS SPACE				
						<ol> <li>Date Incorporate</li> <li>05/01/1996</li> </ol>	d or Qualife	ed		j
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number 59-3382877			<u> </u>	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5, Certifcate of Star	us Desired		<b>\$8.75</b> A Fee Re	
City & State	e	City & State	,			6. Election Campai Trust Fund Cont	-	g 🗆	\$5.00 Added to	
Zip	Country 25	Zip	Co <b>30</b>	untry		This corporation     Personal Proper	ty Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Add	ess of Nev	Registered .	Agent	
538	Pierre, Daniel A Friar Road Ter Park Fl 32792			81 Nam 82 Stree		ss (P.O. Box Number	is Not Acce	ptable)		
***	TERT AIN TE GET GE			84 City				FL	85 Zip C	Code
	to the provisions of Sections 607.03 registered agent, or both, in the State im familiar with, and accept the objections of the sections of the section of the sec	Advisor, Section 607.000.	3, 1 1011da 3ta	(1 )	-	D9<		.0.27	-60-	-
SIGNATURE	Stockure, typed or printed name of registered as		(NOTE: Registere	d Agent signatu	re required v		NGES TO	DATE DEFICERS AN	ID DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13	d Agent signatu	re required v	ADDITIONS/CHA				RS IN 12
12.	OFFICERS A		13 TE 1.11	d Agent signatu	re required v	ADDITIONS/CHA			ID DIRECTO	
12. TITLE NAME	D ST. PIERRE, DANIEL A	ND DIRECTORS	13 TE 1.11 1.21	d Agent signatu  ITLE  VAME	7/D	ADDITIONS/CHA	ANIEL	A.		
12. TITLE NAME STREET ADDRESS	OFFICERS A  D  ST. PIERRE, DANIEL A  140 NORTH ORLANDO AVEN	ND DIRECTORS	13 TE 1.11 1.27 1.38	d Agent signatu . ITLE WAME STREET ADDRES	7/D	ADDITIONS/CHA	ANIEL	A.		
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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 be 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: