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03-04-1999 90058 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000054481

1. Corporation Name
HOST CONSULTING, INC.

Principal Place of Business
**2813 SW 43RD STREET
CAPE CORAL FL 33914**

Mailing Address
**C/O THOMAS W. HILL
1318 LAFAYETTE STREET
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number
65-0752007

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

9. Name and Address of Current Registered Agent

**LIPSHUTZ, ROBERT M
3613 DEL PRADO BOULEVARD
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name
HILL, THOMAS W.

82 Street Address (P.O. Box Number is Not Acceptable)
1318 LAFAYETTE ST.

83

84 City **CAPE CORAL** FL 85 Zip Code **33904**

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 *Thomas W. Hill*
Signature, typed or printed name of registered agent and title if applicable.

Thomas W. Hill

2-9-99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **STRACK, JOCHEN**
STREET ADDRESS **CHEMNITZER STR. 4**
CITY-ST-ZIP **35415 POHLHEIM, GERMANY**

TITLE **D** ☐ DELETE
NAME **HOHLWECK, HARALD**
STREET ADDRESS **PAUL-SCHNEIDER-STR. 16**
CITY-ST-ZIP **35428 LANGGONS, GERMANY**

TITLE **VPD** ☐ DELETE
NAME **MOCK, URSULA**
STREET ADDRESS **EGEN 8,**
CITY-ST-ZIP **45549 SPROCKHOVEL, GERMANY**

TITLE **D** ☐ DELETE
NAME **MOCK, THEO**
STREET ADDRESS **GELBER STEIN 1**
CITY-ST-ZIP **35104 LITCHENFELS, GERMANY**

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

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 **HILL, THOMAS W.**
5.3 STREET ADDRESS **1318 LAFAYETTE ST.**
5.4 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

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: *Thomas W. Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Hill

2-9-99
Date

941-549-2444
Daytime Phone #

CR2E034 (11/98)