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

--- PROFIT CORPORATION **ANNUAL REPORT** 2000



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

P96000058823

T CONSULTING CORP.

FILED Feb 24, 2000 8:00 am Secretary of State

02-24-2000 90072 004 ***150.00

APRI N FL 33496	Mailing Address 17509 VIA CAPRI BOCA RATON FL 33496	<u> </u>		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/12/1996			
Tievo Of Business	2a. Mailing Address						
	26			4. FEI Number 65-0699586		opplied For	
ot #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	lot Applicable Additional Required	
tate	City & State	`	·	Election Campaign Financing Trust Fund Contribution	□ \$5.00	May Be	
	Zip 29 -	Counti	γ	This corporation owes the currer Personal Property Tax.		□No	
9. Name and Address of Curr DRPORATION SERVICE COMPAI		8	1 Name	10. Name and Address of New Re			
MAYS STREET VLAHASSEE FL 32301	V I	. 8	2 Street Add	dress (P.O. Box Number is Not Acceptab	vie)	<u></u>	
WEST TO COUT		8					
			4 City			Code	
To the provisions of Sections 607.0 registered agent, or both, in the Stat I am familiar with, and accept the obless of Signature, typed or printed name of registered OFFICERS		CONTRACT STREET, CO.	sa. Jani signature requir	red when reinstaling)	DATE		
Signature, typed or printed name of registered OFFICERS P. TASH, BARRY 17509 VIA CAPRI	agent and trie if applicable. (NOT	TE: Registered Age 13.	ent signature requir		DATE	ORS IN 12	
Signature, typed or printed name of registered of OFFICERS P. TASH, BARRY	AND DIRECTORS	TE: Registered Ag 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	ent signature requir	red when reinstaling)	DATE ICERS AND DIRECT Change	ORS IN 12	
Signature, typed or printed name of registered OFFICERS P. TASH, BARRY 17509 VIA CAPRI	agent and trie if applicable. (NOT	TE: Regatered Ag -13, 11 TITLE 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM	ent signature requir	red when reinstaling)	DATE	ORS IN 12	
Signature, typed or printed name of registered OFFICERS P. TASH, BARRY 17509 VIA CAPRI	AND DIRECTORS	TE: Registered Ag 13. 1.1 TITLE 12 NAM 13 STRE 14 CITY. 21 TITLE 22 NAM 23 STRI	ent signature requir	red when reinstaling)	DATE ICERS AND DIRECT Change	ORS IN 12	
Signature, typed or printed name of registered OFFICERS P. TASH, BARRY 17509 VIA CAPRI	AND DIRECTORS	TE: Registered Ag -13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLE	E ET ADORESS 6-ST-ZIP E ET-ADORESS 6-ST-ZIP E	red when reinstaling)	DATE ICERS AND DIRECT Change	ORS IN 12 Addition	
Signature, typed or printed name of registered OFFICERS P. TASH, BARRY 17509 VIA CAPRI	agent and title if applicable. (NOTAND DIRECTORS DELETE	TE: Registered Ag -13. 1.1 TITLE 12 NAM 13 STRE 14 CITY. 21 TITLE 22 NAM 23 STRI 24 CITY 31 TITLE 32 NAM 33 STRI 33 STRI	E EET ADORESS (-ST-ZIP) E E EET ADORESS (-ST-ZIP) E E E E E E E E E E E E E E E E E E E	red when reinstaling)	DATE ICERS AND DIRECT Change	ORS IN 12 Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	agent and title if applicable. (NOTAND DIRECTORS DELETE	TE: Regatered Ag -13. 11 TITLE 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRI 32 NAM 33 STRI 34 CITY 41 TITLE 41 TITLE	E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E ADDRESS (-ST-ZIP E E E E ADDRESS (-ST-ZIP E E E E E ADDRESS	red when reinstaling)	DATE ICERS AND DIRECT Change	ORS IN 12 Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	AND DIRECTORS DELETE DELETE	TE: Registered Ag -13. 11 TITLE 12 NAM 13 STRE 14 CITY 23 STRI 24 CITY 31 TITLE 32 NAM 33 STRI 34 CITY 41 TITLE 42 NAM	E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E ADDRESS (-ST-ZIP E E E E ADDRESS (-ST-ZIP E E E E E ADDRESS	red when reinstaling)	DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	AND DIRECTORS DELETE DELETE	TE: Registered Ag -1311.1 TITLE 12 NAM 13 STRE 14 CITY 23 STRI 24 CIT 31 TITLI 32 NAM 33 STRI 34 CITY 41 TITLI 42 NAM 43 STRI 44 STRI 45 STRI 46 STRI 47 STRI 48 S	E EET ADDRESS (-ST-ZIP) E E E E E ADDRESS (-ST-ZIP)	red when reinstaling)	DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	AND DIRECTORS DELETE DELETE DELETE	TE: Regalared Ag -13. 1.1 TITLE 1.2 PAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM 5.1 TITLE 5.2 NAM 5.3 STRI 5.2 NAM 5.3 STRI 5.3 STRI 5.3 STRI 5.4 STRI 5.5 STRI 5.5 STRI 5.6 STRI 5.7 STRI 5.7 STRI 5.7 STRI 5.8 STRI 5.8 STRI 5.8 STRI 5.8 STRI 5.8 STRI 5.9 STRI 5.9 STRI 5.9 STRI 5.9 STRI 5.1 STRI 5.9 STRI 5.1 STRI 5.2 STRI 5.3 STRI 5.4 STRI 5.5 STRI 5.5 STRI 5.5 STRI 5.7 STRI 5.7 STRI 5.7 STRI 5.7 STRI 5.8	E EFT ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E ET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	red when reinstaling)	DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	AND DIRECTORS DELETE DELETE DELETE	TE: Regalared Ag -13. 1.1 TITLE 12 NAM 1.3 STRE 1.4 CITY. 2.1 TITLE 22 NAM 23 STRI 2.4 CITY 32 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5	E EET ADDRESS /-ST-ZIP E E E E E ADDRESS /-ST-ZIP E E E E E ADDRESS /-ST-ZIP E E E E E ADDRESS	red when reinstaling)	DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition Addition Addition	
Signature, typed or printed name of registered. OFFICERS P. TASH, BARRY 17509 VIA CAPRI BOCA RATON FL 33498	AND DIRECTORS DELETE DELETE DELETE	TE: Registered Ag -13. 1.1 TITLE 12 NAM 1.3 STRE 1.4 CITY. 2.1 TITLE 22 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.1 TITLE 6.2 NAM 6.3 TITLE 6.2 NAM 6.3 TITLE 6.3 NAM 6.3 TITLE 6.3 NAM 6.4 TITLE 6.5 NAM 6.5 TITLE 6.5 NAM 6.6 TITLE 6.7 NAM 6.7 NAM 6.8 TITLE 6.9 NAM	E EET ADORESS (-ST-ZIP E EET ADORESS	red when reinstaling)	Change Change	ORS IN 12 Addition Addition Addition Addition	

Interest destruction in supplied with this litting does not quality for the exemption stated in Section (19.07(3))), Florida Statutes. I further certify that it is mindicated on this annual report or suppliemental annual report is true and accurate and that my signature shall heve 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.

	à	۸	_		_	_	
 	Ξ			v	R	드	•

HIAT