

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90032 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000061600

1. Corporation Name
BS CONSULTING, INC.

Principal Place of Business
**1996 OVERSEAS HIGHWAY SLIP 60
MARATHON FL 33050**

Mailing Address
**1996 OVERSEAS HIGHWAY SLIP 60
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

65-0687344

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

2. Principal Place of Business

21 212 FIDDLER'S POINT DR

Suite, Apt. #, etc.

2a. Mailing Address

26 212 FIDDLER'S POINT DR

Suite, Apt. #, etc.

22 City & State

23 ST AUGUSTINE FL

Zip Country

24 32084 25 USA

27 City & State

28 ST AUGUSTINE FL

Zip Country

29 32084 30 USA

9. Name and Address of Current Registered Agent

**BROWN, BRUCE A
1996 OVERSEAS HIGHWAY SLIP 60
MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name

BROWN, BRUCE A

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

212 FIDDLER'S POINT DRIVE

83

84 City **ST. AUGUSTINE**

FL

85 Zip Code **32084**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BROWN, BRUCE A**
STREET ADDRESS **1996 OVERSEAS HIGHWAY SLIP 60**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition

1.2 NAME **BROWN, BRUCE A**
1.3 STREET ADDRESS **212 FIDDLER'S POINT DRIVE**
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

Bruce A. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

1/18/99

Daytime Phone #

305 509-

1007

CR2E034 (11/98)