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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000068137**1. Corporation Name

CONSULTRONICS INTERNATIONAL CORPORATION

Principal Place	e of Business	Mailing Address						
931 ALTAVISTA	TERRACE	931 ALTAVISTA TERRACE						
DAVIE FL 33325		DAVIE FL 33325			DO NOT WRITE IN THIS SPACE			
ı	• •						SPACE	
		•			3. Date Incorporated or Qualif	ea]
_	<u> </u>	•			08/13/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		 	pplied For
21		26			65-0692163			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	. 🗆	·	Additional
22	•	27				<u></u>		equired
City & State	e .	City & State			6. Election Campaign Financi	^{ng} []	•	May Be
23	·	28			Trust Fund Contribution			to Fees
Zip	Country	_ Zip	Country	y	8. This corporation owes the o	current year Inta		-d.
24	25	29 3	30		Personal Property Tax.	. .	Yes	_ No
	9. Name and Address of Current	Registered Agent		 	10. Name and Address of Ne	w Registered	Agent	··
			81	Name	•			
	LARRY C		82	Street Addr	ress (P.O. Box Number is Not Acco	eptable)		
931	ALTAVISTA TERRACE	•	"	00017.001	<u> </u>	The same of the same		
DAVI	IE FL 33325	•	83	3	19 公民的問題	自经证据。200	de de la	313 14 15
	3 **		_		<u> </u>	CHATTORY \$510:	1.1(4) 1.1(4) 1.5 - 1 (3)	Codo
	:	•	84	City		FI	1 85 Zip	Code
44 Purpugat	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	s, the abov	/e-named com	oration submits this statement for	the purpose of	changing its	s registered
office or r	edictored agent or both in the State of	' Florida - Such change was au	tnonzea ov	7 me corporaus	on's board of directors. I hereby ac	cept the appoir	tment as r	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flore	da Statute:	s.				ļ
SIGNATURE								i
		ANDTE: 5	Designatored Acc	ent eigendure reguire	d upon reinstation)	UALE		
	Signature, typed or printed name of registered agent a			ent signature require	d when reinstating)	OFFICERS AN	D DIRECTO	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12
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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.

6.4 CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90074 012 ***150.00