

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

APPROVED
AND
FILED

99 JUN -3 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000341

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000078180			
1. Corporation Name DEERSTALKER CONSULTANTS INC.			
Principal Place of Business BOURNE CONCOURSE PEEL STREET RAMSEY, ISLE OF MAN GREAT BRITIAN 1M81JJ OC		Mailing Address BOURNE CONCOURSE PEEL STREET RAMSEY, ISLE OF MAN GREAT BRITIAN 1M81JJ OC	
2. Principal Place of Business 21 VICTORIA STREET Suite, Apt. #, etc. 22 2ND FLOOR, SALISBURY HOUSE City & State 23 DOUGLAS, ISLE OF MAN Zip Country 24 IM1 2LW 25 U.K.		2a. Mailing Address 26 VICTORIA STREET Suite, Apt. #, etc. 27 2ND FLOOR, SALISBURY HOUSE City & State 28 DOUGLAS, ISLE OF MAN Zip Country 29 IM1 2LW 30 U.K.	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D DELETED NAME DEAN, CAROLE ANNE STREET ADDRESS BOURNE CONCOURSE PEEL STREET CITY-ST-ZIP RAMSEY, ISLE OF MAN 1M81JJ		1.1 TITLE D Change Addition 1.2 NAME MR PARAC O'DOWD 1.3 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET, 1.4 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K. IM1 2LW	
TITLE D DELETED NAME CONNOLLY, DAMIAN STREET ADDRESS BOURNE CONCOURSE PEEL STREET CITY-ST-ZIP RAMSEY, ISLE OF MAN 1M81JJ		2.1 TITLE D Change Addition 2.2 NAME MRS KAREN BREW 2.3 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET 2.4 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K. IM1 2LW	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE S Change Addition 3.2 NAME MRS JANET SHORTALL 3.3 STREET ADDRESS 2ND FLOOR, SALISBURY HOUSE, VICTORIA STREET, 3.4 CITY-ST-ZIP DOUGLAS, ISLE OF MAN, U.K. IM1 2LW	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number
98-0163680

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

10. Name and Address of New Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 260240 5149058

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : June 2, 1999

ORDER TIME : 4:06 PM

ORDER NO. : 260240-055

CUSTOMER NO: 5149058

CUSTOMER: Ms. Karen Brew,
Chesterfield Management Ltd.
P.o. Box 118, 2nd Floor
Salisbury House Victoria St
Douglas, IM IM12LW

ANNUAL REPORT FILING

NAME: DEERSTALKER CONSULTANTS INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____