

WARNING NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90002 013 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000086758

Corporation Name
PIPELINE MARKETING AND CONSULTATION SERVICES, INC.



Principal Place of Business
 18 RUGER DR
 NEW PORT RICHEY FL 34655

Mailing Address
 9118 RUGER DR
 NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
18 RUGER DR NEW PORT RICHEY FL 34655		9118 RUGER DR NEW PORT RICHEY FL 34655		10/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		59-3418350	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARRY, ROBERT 9118 RUGER DR NEW PORT RICHEY FL 34655				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ST-ADDRESS	D BARRY, ROBERT 9118 RUGER DR NEW PORT RICHEY FL 34655	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			1.2 NAME		
ST-ADDRESS	PST BARRY, ROBERT 9118 RUGER DRIVE NEW PORT RICHEY FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
ST-ZIP			1.4 CITY-ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			2.2 NAME		
ST-ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
ST-ZIP			2.4 CITY-ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			3.2 NAME		
ST-ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			4.2 NAME		
ST-ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			5.2 NAME		
ST-ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST-ZIP			6.2 NAME		
ST-ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Katherine Harris* **REQUIRED** 9/8/99 727 8083660

CR2E034 (5/99)