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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000005553**1. Corporation Name

DOUGHERTY CONSULTANTS, INC.

5005							
Principal Place of Business Mailing Address							
10527 S.W. 49 PLACE COOPER CITY FL 33338 COOPER CITY FL 33338						1	DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							01/16/1997
Principal Place of Business 2a. Mailing Address			-	<del></del>			4, FEI Number Applied For
	26	Addies5				65-0722271 Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional
22	.,	27					5. Certificate of Status Desired Fee Required
City & State	e	City & State			_		6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current year Intangible
24	25		30	_			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		81	Namo		10. Name and Address of New Registered Agent
DOLICHEDTY KENIN M				0'	Name		· · · · · · · · · · · · · · · · · · ·
DOUGHERTY, KEVIN M 10527 S.W. 49 PLACE COOPER CITY FL 33338				82			ress (P.O. Box Number is Not Acceptable)
				83			
				03			
				84	City		FL 85 Zip Code
		00 - 1 007 4500 Florida Photo	.ta. the o				poration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was	autnonzed	ΙOΥ	the corp	oration	on's board of directors. I hereby accept the appointment as registered
SIGNATURE							ad when reinstating) DATE
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agen	nt signature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFICERS A	DELETE	1,1 TI	TLE		T	☐ Change ☐ Addition
	DOUGHERTY, KEVIN M		1.2 N				
NAME	10527 S.W. 49 PLACE		1		TADDRESS		,
STREET ADDRESS	COOPER CITY FL 33338				T-ZIP		
CITY-ST-ZIP	COOPER CITT TE 30300	☐ DELETE	2.1 TV		1-2 <u>IP</u>	<del> </del> -	☐ Change ☐ Addition
TITLE		C been	2.2 N				
NAME OTOETT ADDOCES					TADDRESS		
STREET ADDRESS					T-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI		51-2F	<del>                                     </del>	☐ Change ☐ Addition
NAME			3.2 N				
					T ADDRESS		
STREET ADDRESS					ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4,1 11				☐ Change ☐ Addition
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CITY-ST-ZIP			1		T-ZIP		
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NAME		_	5.2 N	AME		-	
STREET ADDRESS			5.3 \$	TREE	TADDRESS		
CITY-ST-ZIP	)		5.4 C	ITY-S	T-ZIP	]	
TITLE		☐ DELETE	6.1 TI	TLE		1	. Change Additio

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 appliess, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

(305) 816-0322-

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90259 011 \*\*\*150.00