Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90207 038 \*\*\*150.00

## 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 # P97000015340

1. Corporation Name

FEINBERG CONSULTING, INC.

LINDEN	is contocting inc.							
Principal Place	e of Business	Mailing Addre	ess				1 65411 86161 11681 8118 <b>5</b> 11	1165 G1811 SWILL 1981
318 TIMBERWOOD COURT 318 TIMBERWOOD COURT								
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418				33418		•		
						DO NOT WRITE	IN THIS SPACE	<del></del>
						3. Date Incorporated or Qualifed		'
						02/18/1997		
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number	<del>     </del>	Applied For
21		26				65-0733808		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.			5. Certifcate of Status Desired	1 [	Additional Required
City & State	e	City & Sta	ate			6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country Zip C			Country	Country 8. This corporation owes the current year Intangible			
24	25 29 30		0		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Age	nt			10. Name and Address of New Re	gistered Agent	
				81	Name	•		-
FEINBERG, STANLEY				82	82 Street Address (P.O. Box Number is Not Acceptable)			
318 TIMBERWOOD COURT								
PALI	M BEACH GARDENS FL 33418			83		•		
				84	City		85 Z	ip Code
					""		FL	·
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, F of Florida. Such cl ions of, Section 6	lorida Statutes nange was auth 07.0505, Florid	, the abov norized by la Statutes	e-named corporati	poration submits this statement for the poon's board of directors. I hereby accept	urpose of changing the appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: R	egistered Age	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D DELETE 1.1 To		1.1 TITLE		•	☐ Chanç	ge	
NAME	FEINBERG, STANLEY 12N		1.2 NAME				1	
STREET ADDRESS			1.3 STREE	TADORESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418 140		1.4 CITY-S	T-ZIP				
TITLE			DELETE	2.1 TITLE			☐ Chang	ge 🔲 Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STRFF	T ADDRESS			į į
CITY-ST-ZIP			2. 4 CITY-1	- 1	•			
TITLE			DELETE	3.1 TITLE			☐ Chang	ge Addition
NAME		_		3.2 NAME		•		ļ
1					T ADDRESS			1
STREET ADDRESS				3.4. CITY-				ļ
CITY-ST-ZIP			DELETE	4.1 TITLE	51-ZIF		Chang	ge
		_		4. 2 NAME			<u></u>	
NAME					********			-
STREET ADDRESS			·		T ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			7 001070	4.4 CITY-S	ST-ZIP	: :	[] Chan	ge Addition
TITLE		L	DELETE	5.1 TITLE				ge C Addition
NAME				5.2 NAME		•		
STREET ADDRESS					TADORESS			
CITY OT ZID	!			5.4 CITY- 9	T-ZIP	•	•	1

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition