03-10-1999 90094 024 \*\*\*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 # P97000015401

F.C. CONSULTING SERVICES, INC.					 	######################################	<b></b>
Principal Place of Business Mailing Address 7460 SW 130TH ST 7460 SW 130TH ST MIAMI FL 33156 MIAMI FL 33156				4-4-4			
					3. Date Incorporated or Qualifed 02/14/1997	HIS SPACE	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0732348	<del>```</del>	lied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip 29	Countr 30	y 	This corporation owes the current yea     Personal Property Tax.	☐ Yes [	□No
<del></del>	9. Name and Address of Curr	ent Registered Agent	8-	I Name	10. Name and Address of New Register	ea Agent	
PARKS, LARRY D 7460 SW 130TH ST MIAMI FL 33156			82		Address (P.O. Box Number is Not Acceptable)		
			83	3		· · · · · · · · · · · · · · · · · · ·	
			84	'		EL 85 Zip Co	
11. Pursuant office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblid	502 and 607.1508, Florida St te of Florida. Such change wa gations of, Section 607.0505.	atutes, the aboves authorized by Florida Statute	ve-named cor the corporat s.	poration submits this statement for the purpos- tion's board of directors. I hereby accept the ap-	e of changing its regional as regions.	egistered istered
SIGNATURE		<b>,</b>					}
	Signature, typed or printed name of registered a	<u>' ''                               </u>	OTE: Registered Age	ant signature requir			20 101 42
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	ZERWICK, FREDERICK P		1.2 NAME			L_I G/ILL/INGO	
NAME	6540 SW 145TH ST			ET ADDRESS			
STREET ADDRESS	MIAMI FL 33158		1.4 CiTY-1				}
CITY-ST-ZIP TITLE	111/10111   2 00100	☐ DELETE		31-217		☐ Change	Addition
NAME			2.2 NAME				_
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2. 4 CfTY-			. <del></del>	
TITLE	DELETE					☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADORESS			
CiTY-ST-ZiP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE				Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE				☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			J

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

SIGNATURE:

CITY-ST-ZIP

RECLICION DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

309-2549397