

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 # P 97000019903 (8)

1. Corporation Name

1836 CONSULTING CORP.

Principal Place of Business

Mailing Address

40 NEIL A. TELL  
7567 IMPERIAL DR.  
BOCA RATON FL 33433

40 NEIL A. TELL  
7567 IMPERIAL DR.  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/04/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

650734290

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

3. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELL, NEIL A.  
7567 IMPERIAL DR.  
BOCA RATON FL 33433

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 fee if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE  DELETE  
NAME TELL, NEIL A.

11 TITLE  Change  Addition  
12 NAME

STREET ADDRESS 7567 IMPERIAL DR.

13 STREET ADDRESS

CITY-ST-ZIP BOCA RATON FL 33433

14 CITY-ST-ZIP

TITLE  DELETE  
NAME TELL, ROCHELLE M

21 TITLE  Change  Addition  
22 NAME

STREET ADDRESS 7567 IMPERIAL DR.

23 STREET ADDRESS

CITY-ST-ZIP BOCA RATON FL 33433

24 CITY-ST-ZIP

TITLE  DELETE

31 TITLE  Change  Addition  
32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE  DELETE

41 TITLE  Change  Addition  
42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE  DELETE

51 TITLE  Change  Addition  
52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE  DELETE

61 TITLE  Change  Addition  
62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.073(3)(b), 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: *Neil A. Tell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR