

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 # PA10000031298
1. Corporation Name
Stylus Consulting Group, Inc.

Principal Place of Business Mailing Address
**13876 S.W. 56th Street
Suite #
Miami, Florida 33175**

2. Principal Place of Business 2a. Mailing Address
21 (SAME) 26 **13876 S.W. 56th ST.**
Suite, Apt #, etc. Suite, Apt #, etc. **Suite #184**
22 City & State 27 **Miami, Florida**
23 Zip 28 **33175** 30 **U.S.**
Country Country

9. Name and Address of Current Registered Agent
**Richard B. Pyles
20343 Old Cutler Rd.
Miami, Florida
33189**

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 **Richard B. Pyles**
Signature, typed or printed name of registered agent or registered agent in charge (NOTE: Registered Agent Signature required when not filing)

12. OFFICERS AND DIRECTORS

11. TITLE **President/Treasurer** [DELETE]
12. NAME **Richard H. Dobson**
13. STREET ADDRESS **4025 S.W. 125th AVENUE**
14. CITY-STATE-ZIP **MIAMI, FLORIDA 33175**
15. TITLE **Vice-President/Secretary** [DELETE]
16. NAME **George L. Betancourt**
17. STREET ADDRESS **9353 S.W. 155th AVENUE**
18. CITY-STATE-ZIP **MIAMI, FLORIDA 33169**
19. TITLE [DELETE]
20. NAME [DELETE]
21. STREET ADDRESS [DELETE]
22. CITY-STATE-ZIP [DELETE]
23. TITLE [DELETE]
24. NAME [DELETE]
25. STREET ADDRESS [DELETE]
26. CITY-STATE-ZIP [DELETE]
27. TITLE [DELETE]
28. NAME [DELETE]
29. STREET ADDRESS [DELETE]
30. CITY-STATE-ZIP [DELETE]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **MAY 15, 1997**
4. F.E.I. Number **65-0757682** Applied For Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent
81. Name **Richard Dobson**
82. Street Address (P.O. Box Number is Not Acceptable) **4025 S.W. 125th AVENUE**
83. City **Miami** (305) **220-5487** FL 85. Zip Code **33175**
84. Signature **R.H.** 5/20/99

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE [Change] [Addition]
12. NAME [Change] [Addition]
13. STREET ADDRESS [Change] [Addition]
14. CITY-STATE-ZIP [Change] [Addition]
15. TITLE [Change] [Addition]
16. NAME [Change] [Addition]
17. STREET ADDRESS [Change] [Addition]
18. CITY-STATE-ZIP [Change] [Addition]
19. TITLE [Change] [Addition]
20. NAME [Change] [Addition]
21. STREET ADDRESS [Change] [Addition]
22. CITY-STATE-ZIP [Change] [Addition]
23. TITLE [Change] [Addition]
24. NAME [Change] [Addition]
25. STREET ADDRESS [Change] [Addition]
26. CITY-STATE-ZIP [Change] [Addition]
27. TITLE [Change] [Addition]
28. NAME [Change] [Addition]
29. STREET ADDRESS [Change] [Addition]
30. CITY-STATE-ZIP [Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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. 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: **Richard H. Dobson** 5/20/99 220-5487 (305)