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

Mailing Address

PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000031394

1. Corporation Name

Principal Place of Business

EDWARD A. CALT CONSULTING CO.

971 PLOVER AVENUE MIAMI SPRINGS FL 33166		971 PLOVER AVENUE MIAMI SPRINGS FL 33166		DO NOT WRITE	IN THIS S	PACE		
					3. Date Incorporated or Qualifed 04/07/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number -	-		Applied For
21	· · · · · · · · · · · · · · · · · · ·	26	***		65-0752 <u>4</u> 67			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be
Zip 24	Country Zip Cor 25 29 30			Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curren	t Registered Agent		,	10. Name and Address of New Reg	gistered A	gent	
			81	Name				!
971	t, edward a Plover avenue		82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
MIAI	vii Springs FL 33166		83					
			84	City		FI	85 Zij	p Code
SIGNATURE	m familiar with, and accept the obligation of registered ager	nt and title if applicable. (NOTE: Reg	gistered Ager		iired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D	☐ DELETE	1.1 TITLE				Chang	e 🗌 Addition
NAME	CALT, EDWARD A		1.2 NAME					
STREET ADDRESS	971 PLOVER AVENUE		1.3 STREET	TADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 C/TY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Chang	e
NAME	CALT, KATHERINE A		2.2 NAME		. <u>.</u> .			
STREET ADDRESS	-971 PLOVER AVENUE-			TADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	☐ DELETE	2.4 CITY-5	ST-ZIP			☐ Chang	e 🗍 Addition
TITLÉ		☐ bereie	3.1 TITLE 3.2 NAME					7,00,00,
NAME				TADORESS				}
STREET ADDRESS	.,		•					1
CITY-ST-ZIP		□ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·		Chang	e Addition
NAME			4. 2 NAME					_
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE				☐ Chang	e Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				·
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			_	☐ Chang	e
NAME :	•		6.2 NAME					}
STREET ADDRESS			6.3 STREE	TADORESS				

6.4 CITY-ST-ZIP

SIGNATURE:

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.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90055 012 ***150.00