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 # **P97000035661**1. Corporation Name

CONIFER CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
544 CONIFER STREET	544 CONIFER STREET
WEST MELBOURNE FL 32904	WEST MELBOURNE FL 32904

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90015 032 ***150.00



Principal Place	e of Business	Mailing Address			,	1			I	
544 CONIFER STREET WEST MELBOURNE FL 32904 544 CONIFER STREET WEST MELBOURNE FL 32904							DO NOT W	RITE IN THIS	S SPACE	
						3.	Date Incorporated or Qualife	d		
							04/22/1997			
2. Principal P	lace of Business	2a. Mailing Address				4.	FEI Number 59-3443258			
21 Cuita Ant	# ata	Suite, Apt. #, etc.				-	08-0440200			
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5.	Certifcate of Status Desired			
City & State	<u>e</u>	City & State				6.	Election Campaign Financing	, ,	\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		intry		8.	This corporation owes the cu	irrent year Ir		C1
24	25	29	30	т		<u> </u>	Personal Property Tax.	Pagietoros		□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10.	Maille and Address of New	Applied For Not Applicable \$8.75 Additional Fee Required ncing \$5.00 May Be Added to Fees ne current year Intangible Yes No New Registered Agent		
O'BI	RIEN, JAMES M									
	WEST HIBISCUS BLVD.			82	Street Addre	ess (P	O. Box Number is Not Accep	otable)		# 5 2 f 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MEL	Bourne FL 32901			83			(表)情点的概		经出现的	
				84	City			15:138(178-	85 Zip	Code
				•	Oity		• •	FI	L	
office or r	registered agent or both in the Sta	ate of Florida. Such change was	s authorized	a by ti	named corpo	oration	n submits this statement for thought of directors. I hereby acc	ept the appo	of changing its pintment as re	registered egistered
office or r	to the provisions of Sections 607.05 to the provisions of Sections 607.05 for familiar with, and accept the oblination of the section of the	ate of Florida. Such change was ligations of, Section 607.0505, F	s authorized Florida Stat	a by ti utes.	-named corpo he corporation signature required	n s do	pard of directors. I hereby acc	ерг те арро	of changing its	s registered egistered
office or r agent. I a	egistered agent, or both, in the Stam familiar with, and accept the oblaction of the state of th	ate of Florida. Such change was ligations of, Section 607.0505, F	s authorized Florida Stat	a by ti utes.	ne corporation	n s Do	reinstating)	DATE	ND DIRECT	DRS IN 12
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the oblessing signature, typed or printed name of registered OFFICERS D	ate of Florida. Such change was ligations of, Section 607.0505, Floridation and title if applicable. (NC	s authorized Florida Stat	d by the	ne corporation	n s Do	reinstating)	DATE	ontinent as n	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS D GREENBERG, BRIAN D	ate of Florida. Such change was ligations of, Section 607.0505, F agent and title if applicable. (NC AND DIRECTORS	TE: Registered 13. 1.1 Ti 1.2 No	Agent	signature required	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florent and title if applicable. AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N	Agent	signature required	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS D GREENBERG, BRIAN D	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N 1.3 S	AME TREET	signature required	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECT	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florent and title if applicable. AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	A Agent	signature required	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. AND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N	TLE AME TTY-ST- TTLE AME	signature required ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N 1.4 CI 2.1 TI 2.2 N 2.3 S	TLE AME TTY-ST- TTLE AME	signature required ADDRESS ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. AND DIRECTORS DELETE	TE: Registered 13. 1.1 TI 1.2 N 1.4 CI 2.1 TI 2.2 N 2.3 S	A Agent TLE AME TTY-ST- TLE AME TREET A TREET A TREET A TREET A	signature required ADDRESS ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence of the section 607.0505, Florence o	TE: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C	J Agent TLE AME TREET A TLE AME TREET A TLE TREET A TREET A	signature required ADDRESS ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE	ND DIRECTI Change	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence of the section 607.0505, Florence o	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TLE AME TREET A TTLE AME TREET A TTLE AME TREET A TREET A TREET A AME TREET A AME AME AME AME AME AME AME AME AME	signature required ADDRESS ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS A	ND DIRECTI Change	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence and title if applicable. (NC AND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	TILE AME TITE T	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence of the section 607.0505, Florence o	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti	IT Agent IT Agent IT Agent IT Agent IT Agent IT AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence and title if applicable. (NC AND DIRECTORS DELETE	13. 1.1TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N	IT DO THE TILE AME TITLE AME TITLE AME TITLE AME TITLE AME TITLE AME TITLE TITLE AME TITLE TITLE AME	ADDRESS -ZIP -ZIP -ZIP	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence and title if applicable. (NC AND DIRECTORS DELETE	13. 1.1TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S	TILE AME TITE AME TITY-ST- TITE T	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Florence and title if applicable. (NC AND DIRECTORS DELETE	13. 1.1TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S	IT by to the state of the state	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Starm familiar with, and accept the oblessing the start of the	ate of Florida. Such change was ligations of, Section 607.0505, Flagont and title if applicable. (NC. AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ni 4.3 Si 4.4 Ci	TILE AME TITE AME TITE TI	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change Change	DRS IN 12 DAddition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblession of the state of th	ate of Florida. Such change was ligations of, Section 607.0505, Flagont and title if applicable. (NC. AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ni 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni	TILE AME TITE TITE AME TITE TITE AME TITY-ST- TITE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change Change	DRS IN 12 DAddition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblession of the state of th	ate of Florida. Such change was ligations of, Section 607.0505, Flagont and title if applicable. (NC. AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1Ti 1.2 N. 1.3 S' 1.4 Cl 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N. 3.3 S' 3.4 C 4.1 Ti 4.2 N. 4.3 S' 4.4 Cl 5.1 Ti 5.2 N. 5.3 S'	TILE AME TITE TITE AME TITE TITE AME TITY-ST- TITE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change Change	DRS IN 12 DAddition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblession of the state of th	ate of Florida. Such change was ligations of, Section 607.0505, Flagont and title if applicable. (NC. AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1Ti 1.2 N. 1.3 S' 1.4 Cl 2.1 Ti 2.2 N. 2.3 S' 2.4 C 3.1 Ti 3.2 N. 3.3 S' 3.4 C 4.1 Ti 4.2 N. 4.3 S' 4.4 Cl 5.1 Ti 5.2 N. 5.3 S'	TILE AME TITE TITE AME TITE TITE AME TITE TIT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change Change	DRS IN 12 DAddition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblession of the state of th	ate of Florida. Such change was ligations of, Section 607.0505, Flagorit and title if applicable. (NC. AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1Ti 1.2 N. 1.3 S' 1.4 Cl 2.1 Ti 2.2 N. 2.3 S' 2.4 Cl 3.1 Ti 3.2 N. 3.3 S' 3.4 Cl 4.1 Ti 4.2 N. 4.3 S' 4.4 Cl 5.1 Ti 5.2 N. 5.3 S' 5.4 Cl 6.1 Ti 6.2 N.	TILE AME TITLE AME TITLE AME TITLE AME TITLE AME TITLE TITLE AME TITLE AME TITLE TITLE TITLE TITLE AME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	n s Do	reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS A	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition

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 suppliemental 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: