


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

FILED

Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90035 002 \*\*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000037912</b>					
1. Corporation Name <b>2020 FINANCIAL CONSULTANTS, INC.</b>					
Principal Place of Business <b>7201 S.W. 110TH TERRACE MIAMI FL 33156</b>			Mailing Address <b>7201 S.W. 110TH TERRACE MIAMI FL 33156</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/29/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0747566</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent <b>SCHECKNEN, MARTIN L 7201 SW 110TH TERR MIAMI FL 33156</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SCHECKNER, MARTIN L</b>			1.2 NAME		
STREET ADDRESS <b>7201 S.W. 110TH TERRACE</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>MIAMI FL 33156</b>			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
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6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 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.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/97

Date

35 76-3911

Daytime Phone #

CR2E034 (11/98)