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 # P97000038572

1. Corporation Name

AUTOMATED CONSULTING GROUP, INC.

Principal Place	e of Business	Mailing Address				Į.				
8464 NW 165 STREET 8464 NW 165 STREET										
MIAMI FL 33018	}	MIAMI FL 33016				FF IV. TIMO C	.0105			
						DO NOT WRI	IE IN THIS S	PACE		
						3. Date Incorporated or Qualifed			ļ.	
						04/30/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			olied For	
21		26				65-0764505			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	THE STATE OF THE S	*\$8.75 A		
22		27						Fee Re		
City & State	е	City & State	City & State			6. Election Campaign Financing		\$5.00		
23	28					Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	_ Counti	ТУ		8. This corporation owes the curr	•	ngible	res<.	
24	25 29 30					Personal Property Tax. Yes You				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legistered A	gent	<u></u>	
16.1	NOIC IEDDY I		8	ין וי	lame				j	
JELINCIC, JERRY J			8	2 S	treet Addre	Address (P.O. Box Number is Not Acceptable)				
•	NW 165 STREET									
MAIM	AI FL 33016		8	3						
			8	<u>al c</u>	·iev.		<u></u>	85 Zip (ode -	
			۰	* ~	City		FL	03 2.5 (
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	9S.		n's board of directors. I hereby accep	DATE			
	Signature, typed or printed name of registered ag			ent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	DS IN 12	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AINL	Change	Addition	
TITLE	PD IEDOV I	Dece ic	1.1 TITLE							
NAME	JELINCIC, JERRY J		1.2 NAME							
STREET ADDRESS	8464 NW 165 STREET		1.3 STRE							
CITY-ST-ZIP	MIAMI FL 33016			ST-ZI	P			Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE					change	☐ AGGIIIQ	
NAME	JELINCIC, LOURDES C		2.2 NAME	•					1	
STREET ADDRESS	8464 NW 165 STREET		2.3 STRE	ET AD	DRESS					
CITY-ST-ZIP	MIAMI FL 33016			-\$T-ZI	Р			<u> </u>		
TITLE		☐ DELETE	3.1 TITLE	į.				Change	☐ Addition	
NAME			3.2 NAME	Ē					ľ	
STREET ADDRESS			3.3 STRE	ET ADI	DRESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZI	Р					
TITLE		☐ DELETE	4.1 TITLE	:		,		Change	Addition	
NAME			4. 2 NAM	Ε					}	
STREET ADDRESS			4.3 STRE	ET ADI	DRESS				-	
CITY-ST-ZIP			4.4 CITY	-ST-ZIF	P					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME	E	}					
STREET ADDRESS			5.3 STRE	ET ADI	DRESS				1	
CITY-ST-ZIP			5.4 CfTY-	-ST-ZII	Р			•		
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
			6.2 NAME	E	}			-		
NAME			6.3 STRE		DRESS					
STREET ADDRESS			6.4 CITY						-	

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 supplimental 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 of the receiver of 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 attackment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Jelincic - President

3/7/99

FILED

Secretary of State

03-10-1999 90242 035 ***158.75

Mar 10, 1999 8:00 am

Daytime Phone #

CR2E034 (11/98)