## 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 # **P97000051589**1. Corporation Name

THE HOSPITALITY CONSULTING GROUP, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90218 005 \*\*\*150.00



Principal Place						MI (
	e of Business	Mailing Address				
	NCOURSE #207	1005 KANE CONCOURSE				
BAY HARBOUR ISLANDS FL 33154 BAY HARBOUR ISLANDS FL			FL 33154		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/10/1997	
2. Princinal Pl	lace of Business	2a. Mailing Address			4 EEI Number Applied F	For
— ·	idoc of Education		m t	116 # SI	65-0778965 Not Appli	
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additio	
22	, ,	27			5. Certificate of Status Desired Fee Required	I .
City & State		City & State 0.			6. Election Campaign Financing 5.00 May E	3e
23		28 femoro 10 (in	00-,F	C3365	Trust Fund Contribution Added to Fee	
Zip	Country	Žip	Cou	intry	8. This corporation owes the current year Intangible	
24	25	29 7 37/26	30	057	Personal Property Tax. ☐ Yes ☐ No	,
	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
				81 Name		
	J, HOWARD M			82 Street A	Address (P.O. Box Number is Not Acceptable)	
1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024				Jueel A	radices (i . O. Dox Hallibel is not receptable)	
				83	•	
				84 City	■■ 85 Zip Code	
					FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-named o	corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as registere	ered
office or re agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	or Florida, Such change was itions of, Section 607.0505, Fl	lorida Stat	utes.	mation a board of directors. Thereby accept the appointment as registere	
SIGNATURE						_ 1
~	Signature, typed or printed name of registered age			Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.	OFFICERS AN	ID DIDEATABA	<b>4</b> 9		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12
		D DIRECTORS	13.			
TITLE	PSTD	DELETE	1.1 TI		[Mange □	Addition
	PSTD Bershad, Adam	☐ DELETE	1.1 TI 1.2 N	AME	[Mange □	
TITLE	PSTD BERSHAD, ADAM 1005 KANE CONCOURSE #20	☐ DELETE	1.1 TI 1.2 N 1.3 S	AME TREET ADDRESS	[Mange □	
TITLE NAME	PSTD Bershad, Adam	□ DELETE 07 03154	1.1 TI 1.2 N 1.3 S 1.4 CI	AME TREET ADDRESS ITY-ST-ZIP	1601 N Palm Ave #211 Pembroke Pines, FC 33026	Addition
TITLE NAME STREET ADDRESS	PSTD BERSHAD, ADAM 1005 KANE CONCOURSE #20	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 C	TREET ADDRESS ITY-ST-ZIP ITLE	1601 N Palm Ave #211 Pembroke Pines, FC 33026	
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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 supplied ental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR