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CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

MENT# P9700094060 W.T. HECK MANAGEMENT CONSULTANTS, INC.

99 SEP 21 AM 9: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Periodo Proce of Business	Mailing Address						
4374 NW 9th AVE	•	14h					
	4374 NW 9	AVE	•	DO NOT WRIT	E IN THIC	CDACE	
BLDG 17 SUITE 1B	BHD6 17 SU	• -		Do Not With Do Not With Do Not With	E IN I I I I I	SPACE	
POMPANO BCH, FL 33064	POMPANO BCH	t, FL 3	33064	1	1199	7	
2 Principal Plate of Business	2a. Mailing Address			4. FEI Number	1		oplied For
21	26					No	ot Applicable
Suite. Apt # etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State:	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip Country	Zip	Country		8. This corporation owes the curre	nt year Inta		
24. 25	29	30		Personal Property Tax.		ŬYes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro	gistered /	\gent	
KAROL L. HALL		81	Name				
4374 NW 9th AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
BLDG 17 SUITE 1B		83					
	220111	84	City			85 Zip (Code
PomPANO BCH FL 11. Pursuant to the provisions of Sections 607.0502	and 607 1508. Florida Statute	e the above r	named corno	ration submits this statement for the r	FL.	banging ite	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was au	thorized by the	e corporation	n's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE KAROL HALL PR		Karol	124	all_	9/13/9	9	
Signature, typed or printed name of registered agent	and title if applicable (NOTE: I						
12 A OFFICERS AND		<u> </u>	Advisione redinated				DRS IN 12
12 OFFICERS AND	DIRECTORS	13.	Agriature required	ADDITIONS/CHANGES TO OFF			DRS IN 12
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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 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:

9/13/99 bate