

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

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Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90003 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000095797

1. Corporation Name
TLW CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 10190 COLLINS SUITE 102 BAL HARBOUR FL 33154 US

Mailing Address
 10190 COLLINS SUITE 102 BAL HARBOUR FL 33154 US

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number
65-0816997

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent

WELSTEAD, CHRISTINE L
ONE SOUTHEAST 3RD AVE., 28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

TITLE	P <input type="checkbox"/> DELETE
NAME	WELSTEAD, YVONNE B
STREET ADDRESS	10190 COLLINS, SUITE 102
CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	V <input type="checkbox"/> DELETE
NAME	WELSTEAD, THOMAS L
STREET ADDRESS	10190 COLLINS, SUITE 102
CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	S <input type="checkbox"/> DELETE
NAME	WELSTEAD, CHRISTINE L
STREET ADDRESS	10190 COLLINS, SUITE 102
CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Yvonne B. Welstead*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99

Date

Daytime Phone #

CR2E034 (1/98)

0223521

P97000095797
593334-90003-40

LAW OFFICES
MARTIN COHN & ASSOCIATES

116 SOUTH MICHIGAN AVENUE • 14TH FLOOR • CHICAGO, ILLINOIS 60603 • TELEPHONE 312/372-3458 • FAX 312/372-8681

MARTIN COHN
ALAN G. PALMER
ILYSA WEISS KAMLET

OF COUNSEL:
TIMOTHY T. PATULA
KENNETH ASHER DEAN

July 8, 1999

Division of Corporations
Annual Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: 1999 Profit Corporation Annual Report - TLW
Consulting, Inc.

Dear Sir or Madam,

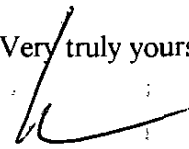
Enclosed is the 1999 Profit Corporation Annual Report for TLW Consulting, Inc. together with the Corporation's check in the amount of \$150.00.

I recently learned that this Annual Report had not been filed. The Corporation is relatively new and the only Annual Report previously filed was for 1998. I did not prepare the 1998 Annual Report. Therefore it was more difficult for us to track the filing of the 1999 Annual Report.

It was through telephone contact with your office on July 7, 1999 that I learned that the 1999 Annual Report had not been filed. I am now submitting the 1999 Annual Report to the Corporation for signature and prompt filing.

Based upon the discussion above, I respectfully request the waiver of any penalties related to the late filing of the 1999 Annual Report.

Very truly yours,


Martin Cohn

mc
Enclosures