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Feb 21, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097011

1. Corporation Name

ARROWHEAD CONSULTANTS, INC.



Principal Place of Business

Mailing Address

5950 W. OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE FL 33313
US

5950 W. OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE FL 33313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

65-0795406

Applied For

Not Applicable

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 5950 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Ft. Lauderdale, FL

Zip

24 33313

Country

25

2a. Mailing Address

26 5950 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Ft. Lauderdale, FL

Zip

29 33313

Country

30

9. Name and Address of Current Registered Agent

**BERNSTEIN, JOEL
9701 BISCAYNE BLVD.
MIAMI FL 33138**

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

Timothy B. Ruggiero
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **ROGGIERO, TIMOTHY B.**

STREET ADDRESS **5950 W. OAKLAND PARK BLVD, SUITE 300**

CITY-ST-ZIP **FT. LAUDERDALE FL 33313**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **Ruggiero, Timothy B**

1.4 CITY-ST-ZIP **5950 W. OAKLAND PARK BLVD, Ste 300**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Timothy B. Ruggiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Date

954-717-1995

Daytime Phone #

CR2E034 (11/98)