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 # P97000106893

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90001 040 ***150.00

| T & W CONSULTING, INC. | | | | | • |
|---|---|---------------------------------------|---|--|----------------------|
| | | | | | |
| | | | | | |
| Principal Place of Business Mailing Address | | | | | |
| 2344 N FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 | | | | | |
| 1000 12 0000 | | | | DO NOT WRITE IN THIS SPA | CE |
| | | | | Date Incorporated or Qualifed | |
| | | | | 12/19/1997 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | APPLIED FOR 65-082380 | Applied For: |
| 26 | | | | Not Applicable 8.75 Additional | |
| 22 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State City & State | | | 6. Election Campaign Financing | 5.00 May Be | |
| 23 28 | | | | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangit | |
| 24 | 25 | 29 30 | 0 | Personal Property Tax. | |
| | 9. Name and Address of Curren | t Registered Agent | 241 11 | 10. Name and Address of New Registered Ager | nt |
| MALE, MICHAEL H 3250 MARY STREET | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| SUITE 303 | | | 83 | | _ . |
| MIAMI FL 33133 | | | 63 | | |
| | | | 84 City | FL st | 5 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above- | | | | oration submits this statement for the purpose of char | nging 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. | | | | | |
| _ | m tamiliar with, and accept the obliga | dons of, Section 607.0303, Florid | a Cialdies. | | ŗ |
| SIGNATURE | Signature, typed or printed name of registered agei | nt and title if applicable. (NOTE: Re | egistered Agent signature require | d when reinstating) DATE | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND D | |
| TITLE | D | ☐ OELETE | 1.1 TITLE | INDU CHUNSKULW A. T | Change |
| NAME | TOLZ, CINDY | | 1.2 NAME | 7'S (hai | We change |
| STREET ADDRESS | 2344 N FEDERAL HIGHWAY HOLLYWOOD FL 33020 | | 1.3 STREET ADDRESS | | g |
| CITY-ST-ZIP | D D | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| TITLE | WEISELBERG, SCOTT | Better | 2.2 NAME | | Unanigo |
| NAME | 2344 N FEDERAL HIGHWAY | | 2.3 STREET ADDRESS | | ļ |
| STREET ADDRESS CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 2.4 CITY-ST-ZIP | ا بسوران پر مواهوم او مواه میش | |
| TITLE | 1102271100072 | ☐ DELETE | 3.1 TITLE | | Change |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4,1 TITLE | _ | Change |
| NAME | | | 4. 2 NAME | | 5 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | 01 |
| TITLE | | ☐ DELETE | , 5.1 TITLE | - | Change |
| NAME | | | 5.2 NAME | | } |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | İ |
| CITY-ST-ZIP | | □ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change |
| TITLE | | ☐ DELETE | 6.2 NAME | , · | Cualife (Tudino)) |
| NAME | | | 6.3 STREET ADDRESS | | į |
| STREET ADDRESS | i | | 0.3 3 REET ADDRESS | | |

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 agency with all other like empowered.

SIGNATURE: