

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90040 017 ***150.00

DOCUMENT # P98000000995

1. Corporation Name
OBJECT CONSULTING INC.

Principal Place of Business
18800 CYPRESS BEND COURT
BOCA RATON FL 33498

Mailing Address
18800 CYPRESS BEND COURT
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/05/1998

4. FEI Number

65-0812092

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 20423 State Rd #7

Suite, Apt. #, etc.

22 Suite F6-268

City & State

23 Boca Raton, FL

Zip

24 33498

Country

25 U.S.A.

2a. Mailing Address

26 20423 State Rd #7

Suite, Apt. #, etc.

27 Suite F6-268

City & State

28 Boca Raton, FL

Zip

29 33498

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PATEL, DIPESH
18800 CYPRESS BEND CT.
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name Dipesh Patel

82 Street Address (P.O. Box Number is Not Acceptable)

20423 State Rd #7

83 Suite F6-268

84 City Boca Raton

FL

85 Zip Code 33498

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 D ☐ DELETE
NAME PATEL, DIPESH
STREET ADDRESS 18800 CYPRESS BEND COURT
CITY-ST-ZIP BOCA RATON FL 33498

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 D ☒ Change ☐ Addition
1.2 NAME PATEL, DIPESH
1.3 STREET ADDRESS 20423 State Rd #7, Suite F6-268
1.4 CITY-ST-ZIP Boca Raton, FL 33498

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/99 561-274-6567

Date

Daytime Phone #

CR2E034 (11/98)