

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

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Jan 28, 1999 8:00 am
Secretary of State

01-28-1999 90056 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000002432

1. Corporation Name

OSTERHOLT CONSULTING, INC.

Principal Place of Business

4740 SARAZEN DR.
HOLLYWOOD FL 33021-2346

Mailing Address

4740 SARAZEN DR.
HOLLYWOOD FL 33021-2346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

05-0806919

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

OSTERHOLT, B.JACK
 4740 SARAZEN DR.
 HOLLYWOOD FL 33021-2346

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PRESIDENT
 B. JACK OSTERHOLT
 4740 SARAZEN DR.
 HOLLYWOOD FL 33021

NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 954 462-7716
 Date Daytime Phone #

CR2E034 (1/98)