Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800004199

1. Corporation Name

Principal Place of Business

BESS QUICK CONSULTING SERVICES INC.

1479 N.W. 127TH WAY CORAL SPRINGS FL 33071		1479 N.W. 127TH WAY CORAL SPRINGS FL 33071						
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					01/12/1998			
2. Principal P	face of Business	2a. Mailing Address			4, FEI Number	<u> </u>	plied For	
21		26			65 08 10067		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27				Fee Re	<u> </u>	
City & State City & State .			•		6. Election Campaign Financing	\$5.00		
23 28				Trust Fund Contribution Added to		o Fees		
Zip	Country	Zip	_ Country □		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax			
24	25	29 30)		Personal Property Tax.		LINO	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
OUI/	ON DECCIE!		81	Name				
QUICK, BESSIE L 1479 N.W. 127TH WAY				Street	Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33071			83					
			84	City		. 85 Zip C		
				City	F	L		
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.							registered gistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
40		D DIRECTORS	13.	i signature i	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12. TITLE	P	DELETE	1.1 TITLE	-	S/T	Change	Addition	
NAME	I <u>I</u>		1.2 NAME		INGONOM T QUICK		-	
			1.3 STREE	ADDRESS	1479 NW 12778 WAY			
Carl Course El 2207			1.4 CITY-S	-	Coul Spring IFL 332	~1		
CITY-\$T-ZIP	9 1		2.1 TITLE		23 KG 3411101 11 - 036	Change	☐ Addition	
			2.2 NAME				_	
NAME			2.3 STREE	ADDESS				
STREET ADDRESS			2.4 CITY-5				,	
CITY-ST-ZIP TITLE			3.1 TITLE	1-21		☐ Change	Addition	
NAME			3.2 NAME			_ ,	_	
STREET ADDRESS			3.3 STREET	ANNRESS				
			3.4. CITY-5					
CITY-ST-ZIP TITLE			4.1 TITLE) - ZIF		Change	Addition	
NAME			4. 2 NAME					
!			4.2 NOWE	TANDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-417		Change	Addition	
III LE		C) DELETE	5.1 IFILE					

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.

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90021 037 ***150.00