

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90057 031 ***150.00

DOCUMENT # P98000005049

1. Corporation Name
F.I.T. CONSULTING, INC.

Principal Place of Business
520 LOCK ROAD #27
DEERFIELD BEACH FL 33442

Mailing Address
520 LOCK ROAD #27
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

65-0808222

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 22054 LAS BRISAS CIR

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON

Zip Country

24 33433

25

2a. Mailing Address

26 22054 LAS BRISAS CIR

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON

Zip Country

29 33433

30

9. Name and Address of Current Registered Agent

BURSTEIN, JEFFREY D
520 LOCK ROAD #27
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name JEFFERY D BURSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)
22054 LAS BRISAS CIRCLE

83

84 City BOCA RATON FL 85 Zip Code 33433

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

Jeffrey D. Burstein
Signature, typed or printed name of registered agent and title if applicable.

Jeffrey D. Burstein
(NOTE: Registered Agent signature required when reinstating)

3/10/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BURSTEIN, JEFFREY D
STREET ADDRESS 520 LOCK ROAD #27
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE
NAME KAHANA, DAVID
STREET ADDRESS 520 LOCK ROAD #27
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 22054 LAS BRISAS CIRCLE
1.4 CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4326 POST AVE
2.4 CITY-ST-ZIP MIAMI BEACH FL 33140

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: *DAVID KAHANA* 3/10/99 305-674-8726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0340033

CR2E034 (11/98)