## 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 # P98000005157

1. Corporation Name

RDISTAL CONSULTING GROUP INCORPORATED

bnioTQ	L CONSULTING GROOF INC	CONFORMED									
Principal Plac	e of Business	Mailing Address			_		* (881)881 (18 )	9191 I9111 BBIII BBIII V	iller Miller Mitter meride ere		
774 FERNWOOD RD PO BOX 806									•		
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149							DO NOT WRITE IN THIS SPACE				
							3. Date incorporate	d or Qualifed			1
							01/15/1998				
2. Principal P	2a. Mailing Address	ailing Address				4. FEI Number	- 070		Applied For	4	
21	·	26					<u>65-082</u>	2077		tot Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & Stat	te	City & State					6. Election Campaig	gn Financing		May Be	
23		28					Trust Fund Contr	ribution	Added	to Fees	4
Zip 24 .	Country 25	Zip <b>29</b>	Со: 30	untry			<ol><li>This corporation Personal Propert</li></ol>	-	year Intangible ☐ Yes	Ū46	
	9. Name and Address of Curren	t Registered Agent		<u> </u>		1	I0. Name and Addr	ess of New Regi	stered Agent		_
VOI	INC CAM			81	Name						
	JNG, SAM FERNWOOD RD		82 S			Address	(P.O. Box Number i	s Not Acceptable)			1
			-					·		┨	
,,,,,	BISCAYNE FL 33149			83							
			•	84	City	~~			FL 85 Zip	Code	
office or agent. I a	to the provisions of Sections 607.050/ registered agent, or both, in the State on familiar with, and accept the obligations.								a appointment as	registered	Ì.
12.				pistered Agent signature required w			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE		☐ DELE1	TE 1.1 T	ITLE		D	ident IT.	S. D	☐ Change	Addition	·] ;
NAME			1.2 N	1.2 NAME		500	לפט חים '	· , —	•		1;
STREET ADDRESS	{		1.3 \$	TREET AL	DORESS	774	Lernwood	d Road			i
CITY-ST-ZIP				ITY-ST-Z		Kou	BIZCONIO	, fl 331			]
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CITY-ST-ZIP	,			XTY-ST-	Į.						
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CITY-ST-ZIP				ITY-ST-Z	ZIP		<del> </del>	····			1
TITLE	_			5.1 TITLE					Change	Addition	1
NAME			5.2 N						•		
STREET ADDRESS				5.3 STREET ADDRESS							
CITY-ST-7IP			5.4 C	5.4 CITY-ST-ZIP							1

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

☐ Change

☐ Addition

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90068 044 \*\*\*150.00