Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

No.

Yes Yes

Daytime Phone #

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

108 LAKESHORE DRIVE #1940 NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

30

81 Name

DOCUMENT # P9800005709

Country

9. Name and Address of Current Registered Agent

25

NEW PLYMOUTH CONSULTING, INC.

Mailing Address

108 LAKESHORE DRIVE #1940

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

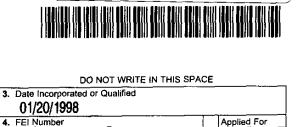
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NORTH PALM BEACH FL 33408

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90011 043 ***550.00



65-0934654

5. Certificate of Status Desired ~

6. Election Campaign Financing

8. This corporation owes the current year

10. Name and Address of New Registered Agent

Intangible Personal Property.

Trust Fund Contribution

SUITE 206 PALM BEACH FL 33480				32 Street Address (P.O. Box Number is Not Acceptable)				
				l				
				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 OATE OATE								
Signature, typed of printed perine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling). UALE (NOTE: Registered Agent signature required when reinstaling).								
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	DECETE	1.1 TITLE	- 1	L	Change	Addition	
NAME	LOVE, NAT J	1	1.2 NAME					
STREET ADDRESS	108 LAKESHORE DRIVE #1940		1.3 STREET	ADDRESS				
CITY-ST-ZiP	NORTH PALM BEACH FL 33408		1,4 CITY-S1	-ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS			- 1	
CITY-ST-ZIP			2.4 CITY-ST	-ZIP				
TITLE		DELETE	3.1 TITLE	_		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS		i	3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4 CITY-S1	:-ZIP	_			
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME				ļ	
STREET ADDRESS			4.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-ST	-Z!P			J	
TITLE		DELETE	5.1 TITL€			Change	Addition -	
NAME			5.2 NAME			J		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	FZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	1	_		_	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	i-zip				
14. I hereby coeffigures that the information supplied with this filling does not qualify for the everyntion 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.								