

.. 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 # **P98000007198**

1. Corporation Name

**JAVELIN CONSULTING SERVICES, INC.**

Principal Place of Business

**5003 BRIDGEPORT DRIVE  
SAFETY HARBOR FL 34695**

Mailing Address

**5003 BRIDGEPORT DRIVE  
SAFETY HARBOR FL 34695**

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**Spiegel & Utrera, P.A.**

**343 Almeria Avenue**

**Coral Gables**

**FL**

85

Zip Code  
**33134**

11. Pursuant to the provisions of Sections 607.050 and 607.108, 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 the provisions of Sections 607.050 and 607.108, Florida Statutes.

SIGNATURE By:

**Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
LLEWELLYN, MICHAEL L JR.  
5003 BRIDGEPORT DRIVE  
SAFETY HARBOR FL 34695**

[ ] DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE  
22 NAME  
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31 TITLE  
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42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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: **Michael L. Llewellyn, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

813-342-1051

Telephone Number

FILED

59 MAR 31 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/23/1998**

4. FEI Number

**59-3488624**

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 [X] No

10. Name and Address of New Registered Agent

3/30/99

DATE

0000695

CR2E034 (11/98)