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 # P98000007980 1. Corporation Name

S.D.W. CONSULTING, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90103 029 ***150.00



Principal Place of Business		Mailing Address		i (30002)) (10 1010) (1011 4341) 4011 4011) (1011 500) 2 1010) (1011 500)		
20930-11A JASMINE 20930-11A JASMINE						
BOCA RATON FL 33428		BOCA RATON FL 33428		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				01/21/1998		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 956	O FOXTrot LN.	26 9560 FOX TO	ot LN.	65-0806772	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		J. Certificate of States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 BOCA	RATON, FL	28 BOCA RATO	N, FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible □ Yes □ No	
24 3349		29 33496 3	usa	Personal Property Tax. 10. Name and Address of New Registered		
OA AL						
WOLFE. STEPHEN D				JOLFE STEPHEN D.		
	IPE, STEPHEN U 10-11A JASMINE		82 Street /	Address (P.O. Box Number is Not Acceptable)		
	A RATON FL 33428		83	O FOX TROT LN.		
ВОС	A NATON PL 33420					
			84 City	FL PATTAN	85 Zip Code	
	207.050	1007 4500 El :: 1. Children	#ba abaya = 2000d			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	<u> </u>	Change	
NAME	WOLFE, STEPHEN D		1.2 NAME	WOLFE STEPHEN D. PEGO FOXTROT LN		
STREET ADDRESS			1.3 STREET ADDRESS	GELD FOXTROT LN		
CITY-ST-ZIP			1.4 CITY+ST-ZIP	BOCA RATON FL 33496		
TITLE	BOCA RATON FL 33428	☐ DELETE	2.1 TITLE	OUCH CITIONS	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	•	•	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		_	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	,		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			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: