

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90207 030 ***150.00

DOCUMENT # P98000008583

1. Corporat on Name

ELMSLIE CONSULTING, INC.



Principal Place of Business
529 MARMORE AVENUE
CORAL GABLES FL 33146

Mailing Address
529 MARMORE AVENUE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7880 S.W. 180 ST.
Suite, Apt. #, etc.

22 City & State
23 Miami FL

24 Zip 33157 Country

2a. Mailing Address

26 7880 S.W. 180 ST.
Suite, Apt. #, etc.

27 City & State
28 Miami FL

29 Zip 33157 Country

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

65-0807532

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

9. Name and Address of Current Registered Agent

ELMSLIE, NORMAN A
529 MARMORE AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name ~~Elmslie, Norman A~~ SAME

82 Street Address (P.O. Box Number is Not Acceptable)
7880 S.W. 180 ST.

83

84 City Miami FL 85 Zip Code 33157

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 AND DIRECTORS

TITLE PD
NAME ELMSLIE, NORMAN A
STREET ADDRESS 529 MARMORE AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE

TITLE STD
NAME ELMSLIE, NATASHA L
STREET ADDRESS 529 MARMORE AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7880 S.W. 180 ST.
1.4 CITY-ST-ZIP MIAMI FL 33157

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7880 S.W. 180 ST.
2.4 CITY-ST-ZIP MIAMI FL 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 305 259-7270

CR2E034 (11/98)