08181999-90007-011-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 11 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000009007

1. Corporation Name
BULLARD CONSULTING, INC.

Principal Place of Business	Mailing Address
22205 SW 114 COURT MIAMI FL 33170	22205 SW 114 COURT MIAMI FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1998
FEI Number: 650811786
Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 / 30

4. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

6. This corporation owes the current year Intangible Personal Property ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, CHARLES L
9900 SW 168 STREET
SUITE #9
MIAMI FL 33157

10. Name and Address of New Registered Agent

01 Name: ANTHONY BERNARD
02 Street Address (P.O. Box Number is Not Acceptable)
03: 9038 SW 152ND Street
04 City: Miami FL 05 Zip Code: 33157

11. Pursuant to the provisions of Section 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. Each 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] 8/25/99
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BULLARD, LENNOX E 22205 SW 114 COURT MIAMI FL 33170	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BULLARD, LENNOX E 22205 SW 114 COURT MIAMI FL 33170	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change SP 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 asterisk.

SIGNATURE: [signature] Lennox Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

ORDE034 (5/99)

FEI Number 650811786 LB