

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000009511

STEWART CONSULTING, INC.

Principal Plac	te of Business	Mailing Address	·						
1937 QUAKER		1937 QUAKER RIDGE DR	IVE		- 1				
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL			L 32043		}	DO NOT WE	TE IN TUIC C	DACE	
:						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					i	01/28/1998			
2 Principal F	Place of Business	2a. Mailing Address			-	4. FEI Number		TTA	pplied For
21		26			-	59-349204	2	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22 City & Sta	to .	City & State			 -	s. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry	-+	8. This corporation owes the cum	ent year Intan	ngible	
24	25	29	30		_ 1	Personal Property Tax.		Yes	™ No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered A	gent	
			8	1 Name	9				
	WART, ALLAN J		ā	2 Stree	t Address	s (P.O. Box Number is Not Accept	able)		
	7 QUAKER RIDGE DRIVE		Ĺ			<u> </u>			
GHE	EN COVE SPRINGS FL 32043		8	13					
			ā	4 City				85 Zip	Code
				1-1			FL	} _	
	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	2 and 607.1508, Florida Statt of Florida, Such change was tions of, Section 607.0505, Fl	ites, the abo authorized b orlda Statute	we-name by the con	d corpora poration's	ation submits this statement for the board of directors. I hereby accept	purpose of ch of the appoint	nanging its ment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	st and title it applicable. (NOT	E: Registered Ac			ten reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		E: Registered A _C	pent signature			DATE FICERS AND		
SIGNATURE 12.	Signature, typed of printed name of registered ager OFFICERS AN	at and ide if applicable. (NOT	E: Registered Ac	perit signature		ten reinstating)	DATE FICERS AND	DIRECTO	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address, with all other d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90111 029 ***150.00