Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90216 035 ***150.00

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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 #	P98000009957

 Corporation 	n Name				
IRONS C	CONSULTING, INC.				
Principal Place	e of Business	Mailing Address			10 10 10 10 10 10 10 10 10 10 10 10 10 1
5540 SW 2ND (COURT	5540 SW 2ND COURT			
PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	113 SPACE
				01/30/1998	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0808171	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
	25	<u></u> ⊢¬ · · -	30	Personal Property Tax.	☐ Yes ☑ No
24	9. Name and Address of Curre			10. Name and Address of New Register	
			81 Name	1. SCOTT FROMS	
FINA	INCIAL FOUNDATIONS, INC.				
2843	3 THAXTON DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUIT	TE #37		83	7,90 3 00 24 (0000)	
PALI	M HARBOR FL 34684				
			84 City D 1	ANTATION F	85 Zip Code
44 Dismisset	to the associations of Continue 607.05	03 and 607 1509 Elorida Statute	4 1		e of changing its registered
office or r	registered agent, or both, in the State	e of Florida. Such change was au	thorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	im familiar with, and accept the oblig			1/0	/aa
SIGNATURE	Signature, typed or printed name of registered as	M. SCOTT IRO	Registered Agent signature requir	ed when reinstating) DAV	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IRONS, MICHAEL S		1.2 NAME		
STREET ADDRESS	5540 SW 2ND COURT		13 STREET ADDRESS	•	
CITY-ST-ZIP	PLANTATION FL 33317		14 CITY-ST-ZIP		
TITLE	124471104412	☐ DELETE	2.1 TITLE		☐ 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 ADORESS			4.3 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.

4.4 CITY-ST-ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR

Change

Change

Addition

Addition