## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT



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 90237 015 \*\*\*150.00

1999

DOCUMENT # **P98000016680**1. Corporat on Name

24/7 COI	NSULTANTS, INC.						
Principal Place	of Business	Mailing Address			-		MATON SHAN MANI (MAN
5601 38TH STREET. SOUTH GREENACRES FL 33463  5601 38TH STREET. SOUTH GREENACRES FL 33463					DO NOT WRITE I	N TH S SPACE	
					3. Date Incorporated or Qualifed		
					02/20/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		App ied For
21		26			105-0814183		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		00 May Be
<u>-</u> -, ´ ⊢		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	year 'ntangible	
24	25	29	30		Personal Property Tax.	Yes	[ <b>X</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
AME	RILAWYER			81 Name JA 82 Street Acdre	YdeAN MITCHELL	<u> </u>	
343 ALMERIA AVENUE				560	ess (P.O. Box Number is Not Acceptable 38th STYLLT 50L	ITH	
CORAL GABLES FL 33134				83			
				24 00		85	Zin Cade
				84 City ( ) 126	ENACRES	FL   °°	Zip Code 334 63
office or reagent. I as	to the provisions of Sections 607,0502 egistered agent, or both, in the State comfamiliar with, and accept the optings of the state of registered agents.	f Florida. Such change was one of, Section 607.0505, Fl	autnorizeo orida Stat	bove-named of rpo by the corporatio utes.  Agent signature required		20 99 BATE 99	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PVST	☐ DELETE	1.1 TI	TLE		☐ Cha	nge
NAME	MITCHELL, JAYDEAN		1.2 N/	AME			
STREET ADDRESS	5601 38TH STREET, SOUTH			TREET ADDRESS			
CITY-ST-ZIP	GREENACRES FL 33463	ACRES FL 33463 140		TY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TI	TLE		☐ Cha	nge
NAME	MITCHELL, JAYDEAN		2.2 NA				
STREET ADDRESS	5601 38TH STREET, SOUTH	STREET, SOUTH 238		TREET ADDRESS			ļ
CITY-ST-ZIP	GREENACRES FL 33463			CITY-ST-ZIP		Cha	inge Addition
TITLE		☐ DELETE	317	TLE		_ Cita	inge 🗀 Addition
NAME			32 N	f			1
STREET ADDRESS				TREET ADDRESS			+
CITY-ST-ZIP			_	ITY-ST-ZIP		Cha	ange Addition
TITLE		☐ DELETE	41TI	1			
NAME				IAME			
STREET ADDRESS				TREET ADDRESS			ļ
CITY-ST-ZIP			TY-ST-ZIP		□ Cha	ange Addition	
TITLE		☐ OELETE	5.1 Ti 5.2 N				
NAME			- 6	TREET ADDRESS			
STREET ADDRESS				ITY-ST-ZIP			
CITY-ST-ZIP		DELETE	6.1 T			[] Cha	ange Addition
TITLE		C percie	6.2 N				_

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 signa ure 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 change 1, or on an attachment with an address, with all other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADOR :SS

SIGNAL PRO TYPED OF PRINTED NAME OF SHOWING ASSIGN THE OR DIRECTO

4-20-99

(561) 714-3094