

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 # **P98000020470**

1. Corporation Name  
**SACKS CONSULTING, INC.**

Principal Place of Business

410 OCEAN DUNES ROAD  
DAYTONA BEACH FL 32118

Mailing Address

410 OCEAN DUNES ROAD  
DAYTONA BEACH FL 32118

*215 ORMWOOD DRIVE*

2. Principal Place of Business

**215 ORMWOOD DRIVE**

2a. Mailing Address

**215 ORMWOOD DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

**23 ORMOND Beach, FL**

27. City & State

**28 ORMOND Beach, FL**

Zip

24. **32176**

Country

**25 USA**

Zip

**29 32176**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**SACKS, WILLIAM C**

410 OCEAN DUNES ROAD 215 ORMWOOD DRIVE  
DAYTONA BEACH FL 32118 ORMOND Beach, FL

**32176**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**85. Zip Code**

**32176**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1998**

Applied For

Not Applicable

4. FEI Number

**59-3507912**

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

8. This corporation owes the current year Intangible  
Personal Property Tax.

10. Name and Address of New Registered Agent

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 *William C. Sacks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/14/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *William C. Sacks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/99*

*904-441-9510*

Date

Daytime Phone #