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

0068922

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90116 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000022215**

1. Corporation Name
ONE TO ONE MANAGEMENT CONSULTING, INC.

Principal Place of Business	Mailing Address
P O BOX 916231 LONGWOOD FL 32791-6231	P O BOX 916231 LONGWOOD FL 32791-6231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/09/1998

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 915079	26 P.O. Box 915079
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip 24 32791-5079 Country 25 USA	Zip 29 32791-5079 Country 30 USA

4. FEI Number: 59-3498287 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARBUCIAS, MIRMA J 602 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS FL 32714-2239	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARBUCIAS, MIRMA J		1.2 NAME		
STREET ADDRESS	602 SAN SEBASTIAN PRADO		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714-2239		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARBUCIAS, ANTHONY		2.2 NAME		
STREET ADDRESS	602 SAN SEBASTIAN PRADO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714-2239		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BEALS, JOYCE A		3.2 NAME	Joyce Arbucias	
STREET ADDRESS	602 SAN SEBASTIAN PRADO		3.3 STREET ADDRESS	602 San Sebastian Prado	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714-2239		3.4 CITY-ST-ZIP	Altamonte Springs FL 32714-2239	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, IBRA B		4.2 NAME		
STREET ADDRESS	602 SAN SEBASTIAN PRADO		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714-2239		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Mirma J Arbucias (407) 788-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #