## 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 # P98000029654

1. Corporation Name

RICK ARSCOTT CONSULTING, INC.

Principal	Place	nf	Business

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90074 044 \*\*\*150.00



Principal Place	e of Business	Ma	ailing Address								
	ST 12TH COURT. #3		SOUTHEAST 12TH CO					•			
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE						
							3. Date Incorno	rated or Qualifed			
	•						04/01/199				
2 Principal D	lace of Business	2a	Mailing Address				4. FEI Number			Ar	plied For
·	igot of Dualifeas	26					65-1	D82 7.4	07		t Applicable
Suite, Apt.	# etc.	40;	Suite, Apt. #, etc.								Additional
22	.,	27	p. reman				5. Certifcate of	Status Desired		Fee Re	
City & Stat	e + =	†	City & State	<del></del>		, <u>.</u>	6. Election Carr	paign Financing	· 🗖	\$5.00	May Be
23		28	•				Trust Fund C			-	to Fees
Zip	Country	1-1	Zip	Cou	intry		8. This corpora	ion owes the curr	ent year Inta	ngible	
24	25	29		30			Personal Pro	<u> </u>		Yes	□No
	9. Name and Address of Current	Regis	tered Agent				10. Name and A	ddress of New F	Registered A	gent	_
	0.077 0.077				81	Name		•		•	
	COTT, RICK				82	Street Addre	ss (P.O. Box Num	per is Not Accepta	ible)		
	SOUTHEAST 12TH COURT, #3		•				, : ===::= <del>=</del>				
FOR	T LAUDERDALE FL 33316				83						
					84	City				85 Zip	Code
									FL		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Floric	la. Such change was a	utnonzed	עם נ	the corporation	n's board of directo	rs. I hereby accep	of the appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	: Registered	l Agen	nt signature required	when reinstating)		DATE		
12.	OFFICERS AND			13.		<u> </u>		HANGES TO OF	FICERS AN	DIRECTO	OR\$ IN 12
TITLE	P		☐ DELETE	1.1 TI	TLE	P/	S/D			☐ Change	Addition
NAME	ARSCOTT, RICK			1.2 N	AME	V-	/ -				
STREET ADDRESS	AND COLUMN THE ACT ACTUS COLUMN	#3		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			1.4 C	TY-S	T-ZIP					
TITLE			☐ DELETE	2.1 T						Change	☐ Addition
NAME				2.2 N	AME						
STREET ADDRESS				2.3 S	TREET	T ADDRESS					
CITY-ST-ZIP				2.40	ITY-S	ST-ZIP					
TITLE			☐ DELETE	3.1 T			*			☐ Change	Addition
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CITY-ST-ZIP			÷	3.4. 0	лy-s	ST-ZIP					
TITLE			☐ DELETE	4.1 Ti			,			Change	☐ Addition
NAME				4. 2 N	AME						
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CITY-ST-ZIP					ITY-S	1			_		
TITLE			☐ DELETE	5.1 T		<del></del>				☐ Change	Addition
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				5.3 S	TREE	T ADDRESS					
STREET ADDRESS						T-ZIP					
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				6.2 N	AME					,	
NAME						TADDRESS					
STREET ADDRESS			•			T-ZIP					
CITY-ST-ZIP				0.40	.,3	11-2F					

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 charged, or ghan attachment with an address, with all other like empowered.

SIGNATURE: