

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90165 018 ***440.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000035163

1. Corporation Name
PUBLIC HOUSING CONSULTANTS, INC.



Principal Place of Business 250 AUSTRALIAN AVENUE SUITE 1100 WEST PALM BEACH FL 33401	Mailing Address 250 AUSTRALIAN AVENUE SUITE 1100 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1998		4. FEI Number 65-0827795		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21. Principal Place of Business 3821 North Shore Drive	22. Suite, Apt. #, etc. _____	26. Mailing Address 3821 North Shore Drive	27. Suite, Apt. #, etc. _____	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State West Palm Beach, Fl.	24. Zip 33407	25. Country U.S.A.	28. City & State West Palm Beach, Fl.	29. Zip 33407	30. Country U.S.A.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent AUGUST, JERALD DAVID 250 AUSTRALIAN AVENUE SUITE 1100 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
81. Name T. Edward Kinsey	82. Street Address (P.O. Box Number is Not Acceptable) 3821 North Shore Drive		83. _____	84. City West Palm Beach	85. Zip Code FL 33407

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 *T. Edward Kinsey* DATE **3/3/99**
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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINSEY, EDWARD		1.2 NAME KINSEY, EDWARD	
STREET ADDRESS 250 AUSTRALIAN AVENUE		1.3 STREET ADDRESS 3821 North Shore Drive	
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP West Palm Beach, Fl. 33407	
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: *T. Edward Kinsey* DATE **3/3/99** DAYTIME PHONE # **(561) 478-9333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)