

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90015 039 \*\*\*158.75

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000036583**

1. Corporation Name  
**FI CONSULT CORP.**



|   |   |
|---|---|
| Principal Place of Business<br>2971 FLUVIA ST.<br>PORT ST. LUCIE FL 34953 | Mailing Address<br>2971 FLUVIA ST.<br>PORT ST. LUCIE FL 34953 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/21/1998**

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0832685</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**FIDELMAN, GRIGORIY**  
2971 FLUVIA ST.  
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 **GRIGORIY FIDELMAN** *Grigoriy Fidelman* **01.08.99**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>PRESIDENT</b> <input type="checkbox"/> DELETE      |
| NAME           | <b>GRIGORIY FIDELMAN</b>                              |
| STREET ADDRESS | <b>2971 FLUVIA STR</b>                                |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE, FL 34953</b>                       |
| TITLE          | <b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MIKHAIL FIDELMAN</b>                               |
| STREET ADDRESS | <b>2971 FLUVIA STR</b>                                |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE, FL 34953</b>                       |
| TITLE          | <input type="checkbox"/> DELETE                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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: *Grigoriy Fidelman* **01.08.99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #