Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90047 041 \*\*\*150.00

## 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 # POROCOA2098

| 1. Corporation FIDELITY                                | CONSULTING SERVICES   |  |                                     |  |                                    |  |                  |                   |              |
|--|---|--|-------------------------------------|--|------------------------------------|--|------------------|-------------------|--------------|
| Principal Place of Business Mailing Address            |   |  |                                     |  |                                    |  |                  |                   |              |
| 304 WOODVIEW WAY BRADENTON FL 34202 BRADENTON FL 34202 |   |  |                                     |  |                                    |  | 1                |                   |              |
|  |   |  |                                     |  |                                    | DO NOT WRITE IN THIS SPACE               |                  |                   |              |
|  |   |  |                                     |  |                                    | 3. Date Incorporated or Qualit           |                  |                   |              |
|  |   |  |                                     |  |                                    | 05/11/1998                               | +                |                   |              |
| Principal Place of Business     2a. Mailing Address    |   |  | ·············· <del>·········</del> |  |                                    | 4. FEI Number                            | 1 .              | Apr               | olied For    |
| 26   |   |  |                                     |  |                                    | 65-0832593                               | 2 :              | <b>Ø</b> Not      | Applicable   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.                |   |  |                                     |  |                                    | 5. Certifcate of Status Desired          |                  | \$8.75 A          |              |
| 27   |   |  |                                     |  | J. Certificate of Citation Besires | . <u> </u>                               | Fee Rec          | juired            |              |
| City & State Ci  |   | City & State   | City & State                        |  | 6. Election Campaign Financi       | ng 📥                                     | \$5.00           | •                 |              |
| 23   |   | 28   |                                     |  |                                    | Trust Fund Contribution                  |                  | Added to          | Fees         |
| Zip  | Country Zip   |  | Country                             |  |                                    | 8. This corporation owes the             | current year Int | angible<br>□Yes I | Mano         |
| 24   | 25 29 30  |  |                                     | Personal Property Tax. Yes  10. Name and Address of New Registered Agent |                                    |  |                  |                   | -3(10        |
|  | 9. Name and Address of Curre  | nt Registered Agent  | 81                                  | Nam  |                                    | 10, Marrie and Address of He             | w redistried     | Gent              |              |
| ROSI   | ENBERG, NANCY A   |  | Ľ                                   |  |                                    |  | <u>'</u> '       |                   |              |
| 304 WOODVIEW WAY                                       |   |  | 82                                  | Street Addre   |                                    | ss (P.O. Box Number is Not Acco          | eptable)         |                   |              |
|  | DENTON FL 34202   |  | 83                                  |  |                                    |  |                  |                   |              |
| 1  |   |  |                                     |  |                                    |  |                  | <del></del>       |              |
|  |   |  | 84                                  | City   |                                    |  | FL               | 85 Zip C          | ode          |
| office or re<br>agent. I ar<br>SIGNATURE               | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was au<br>ations of, Section 607.0505, Flori | ithorized by<br>ida Statutes        | tne co   | poration                           | n's board of directors, i hereby ac      | DATE             | nument as reg     | Jistered<br> |
| 12.  | OFFICERS A  | ND DIRECTORS   | 13.                                 |  |                                    | ADDITIONS/CHANGES TO                     | OFFICERS AN      |                   |              |
| TITLE  | D   | ☐ DELETE   | 1.1 TITLE                           |  |                                    |  | 1                | Change            | ☐ Addition   |
| NAME   | ROSENBERG, NANCY A  |  | 1.2 NAME                            |  |                                    |  |                  |                   |              |
| STREET ADDRESS   | 304 WOODVIEW WAY  |  | 1.3 STREE                           | ADDRES   | s                                  |  |                  |                   | Ì            |
| CITY-ST-ZIP  |   |  | 1.4 CITY-S                          | T-ZIP  | +-                                 |  |                  | [**] Change       | Addition     |
| TITLE  |   |  |                                     | 2.1 TITLE  |                                    |  | 1                | □ Criange         |              |
| NAME   |   |  | 2.2 NAME                            |  |                                    |  |                  |                   |              |
| STREET ADDRESS   |   |  | 2.3 STREET                          |  | S                                  |  | }                |                   | •            |
| CITY-ST-ZIP  |   |  | 2. 4 CITY- 9<br>3.1 TITLE           | I-ZIP  | +-                                 |  |                  | Change            | Addition     |
| TITLE  | <b>ii</b>   |  | 3.2 NAME                            |  |                                    | •  | 1                |                   |              |
| NAME   |   |  | 3.3 STREET                          | . VUUDE  | :0                                 |  | i<br>I           |                   |              |
| STREET ADORESS   |   |  | 3.4. CITY-5                         |  | ٦,                                 |  | 1                |                   |              |
| CITY-ST-ZIP<br>TITLE                                   |   | ☐ DELETE   | 4.1 TITLE                           | 11-21  | +                                  | 4-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |                  | Change            | Addition     |
| NAME   |   |  | 4, 2 NAME                           |  |                                    |  | ;                |                   |              |
| STREET ADDRESS   |   |  | 4.3 STREE                           | ADDRES   | s                                  |  | i                |                   | 1            |
| CITY-ST-ZIP  |   |  | 4.4 CITY-S                          |  |                                    |  |                  |                   |              |
| TITLE  |   | ☐ DELETE   | 5.1 TITLE                           |  |                                    |  | 1                | Change            | Addition     |
| NAME   |   |  | 5.2 NAME                            |  |                                    |  |                  |                   |              |
| STREET ADDRESS   |   |  | 5.3 STREE                           | TADORES  | s                                  |  | '                |                   |              |
| CITY-ST-ZIP  | . ,   |  | 5.4 CITY-S                          | T-ZIP  |                                    |  |                  |                   |              |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE                           |  |                                    |  |                  | Change            | Addition     |
| NAME   |   |  | 6.2 NAME                            |  |                                    |  |                  |                   |              |
| STREET ADDRESS   |   |  | 6.3 STREE                           | FADDRES  | iS                                 |  |                  |                   | İ            |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

941.348-860