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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000048472**
 1. Corporation Name
CARDI CONSULTING ASSOCIATES INCORPORATED



Principal Place of Business: 1230 WILSHIRE CIRCLE WEST, PEMBROKE PINES FL 33027
 Mailing Address: 1230 WILSHIRE CIRCLE WEST, PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1998**

4. FEI Number: **650840503** Applied For: Not Applicable:

5. Certificate 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: **CARDILICCHIA, TINA, 1230 WILSHIRE CIRCLE WEST, PEMBROKE PINES FL 33027**

10. Name and Address of New Registered Agent:

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: PRESIDENT <input type="checkbox"/> DELETE		1.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TINA CARDILICCHIA		1.2 NAME: _____	
STREET ADDRESS: 1230 Wilshire Circle West		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: Pembroke Pines FL 33027		1.4 CITY-ST-ZIP: _____	
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: Tina Cardilicchia Date: 1/5/99 Daytime Phone #: 954-431-5590

CR2E034 (11/98)