

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 # P98000048779

1. Corporation Name
ME CONSULTING CORPORATION

Principal Place of Business

9946 NW 49TH TERRACE
MIAMI FL 33178-1919

Mailing Address

9946 NW 49TH TERRACE
MIAMI FL 33178-1919

2. Principal Place of Business

21 6 NO BEST POINT

Suite, Apt. #, etc.

22 City & State
23 INVERNESS FL

Zip

Country

24 34450

25 USA

2a. Mailing Address

26 6 NO BEST POINT

Suite, Apt. #, etc.

27 City & State
28 INVERNESS FL

Zip

Country

29 34450

30 USA

9. Name and Address of Current Registered Agent

LUNDELIUS, WALTER D SR
9946 NW 49TH TERRACE
MIAMI FL 33178-1919

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LUNDELIUS, WALTER D SR
STREET ADDRESS 9946 NW 49TH TERRACE
CITY-ST-ZIP MIAMI FL 33178-1919

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE T/D
12 NAME EARNST, MARSHALL
13 STREET ADDRESS 6 NORTH BEST POINT
14 CITY-ST-ZIP INVERNESS FL 34450

Change Addition

21 TITLE S/D
22 NAME EARNST, THERESA
23 STREET ADDRESS 6 NO BEST POINT
24 CITY-ST-ZIP INVERNESS FL 34450

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 MAR 29 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

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

10. Name and Address of New Registered Agent

CR2E034 (11/98)