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

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90055 001 ***150.00

DOCUMENT # P9800050075

1. Corporation Name

DEPORTER CONSULTING GROUP, INC.

Principal Place	e of Business	Mailing Address			113211331		
18459 PINES B	OULEVARD	18459 PINES BOULEVARD					
SUITE 105		SUITE 105		DO NOT WRITE IN THIS SPACE			
PEMBROKE PINES FL 33029		PEMBROKE PINES FL 33029			3. Date Incorporated or Qualified		
	,				06/03/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		65-0856787	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
22		27			o. Octation of Ottates Seemed	Fee Re	quired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country Zip		_		8. This corporation owes the current year I		□No
24	[25]	29 3	0		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registers	a regula	
MAR	RC, KEN		L.				
320 DAVIE BOULEVARD			82	Street Ad	t Address (P.O. Box Number is Not Acceptable)		
	T LAUDERDALE FL 33315		83				
			84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the abov	e-named co	orporation submits this statement for the purpose	of changing its	registered
l office or n	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was aut	norizea by	tne corpor	ation's board of directors. I hereby accept the app	ointment as req	gistered
Į -		10113 01, 00011011 007.00001 1 10110		•			
SIGNATURE	Signature, typed or printed name of registered agent	A Alle Manadianala (NOTE: D	agistered Age	nt signature reg	uired when reinstating) DATE		
	Signature, types or printed name or registered agen-	and the irapplicable. (NOTE. II	agisterau Ago	in agriculo roq			
12.	OFFICERS AN	D DIRECTORS	13.	Tr signaturo roq	ADDITIONS/CHANGES TO OFFICERS		
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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 suppliemental 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)