MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P98000053579

UTILITY MANAGEMENT INTERNATIONAL CONSULTANTS. IN C.

FILED

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SECOTIARY OF STATE TABLAMASSEE, FLORIDA

838-345-8642

C.				
1 Place of Business	Mailing Address		I SOUSIERS HER STREET HOST ROUTH AND!	
SW 12TH AVENUE 103A 	160 SW 12TH AVENUE SUITE 103A DEERFIELD BEACH FL 3344	42	HEINSTATE	TENTACE 441
	;		3. Date incorporated or Qualified 06/15/1998	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
424 N.E 320 ST	26 PMB 362		65-0844346	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 1 830 EAST-32	DADWAY-STE [#] Z	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State DEGLAGU BEACH AL	City & State	2	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the curren	
9. Name and Address of Current	29 85719 -59 68 3	30 USA	Intangible Personal Property. 10. Name and Address of New Re	Yes No
5. Raille and Address of Culterio	radistaten väetti	81 Name		glotered Agent
COHEN, DANIEL J		SHA		
160 SW 12TH AVENUE	,	82 Street Addi	ress (P.O. Box Number is Not Acceptable N.E. 3R) ST	0)
SUITE 103A		83	/	
DEERFIELD BEACH FL 33442		84 City	#6	85 Zip Code
		84 City DE EQ	TELD BEACH	FL 85 Zip Code 33441
office or registered agent, or both, in the State of agent. I am familiar with and accept the obligation	ions of section 607.0505, Flori	ida <u>Statu</u> tes.	~ ~\s\f	111 /20
Signature/kyped or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature req	uired when reinstating)	DATE
Stgnature/reped or printed name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered Agent signature req	13 (17601re	DATE
SignSture/Speed or printed name of registered agent OFFICERS AND PRESIDENT CEO	and title if applicable. (NOT) DIRECTORS DELETE	E: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition
Stgnäture/speed or printed name of registered agent OFFICERS AND PRESIDENT / CEO	and title if applicable. (NOT) DIRECTORS DELETE	E: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition
Signature/riped or printed name of registered agent OFFICERS AND PRECIDENT / CEO DANIEL J COHEN PMB 362 1830 E. 10450N, A2 857	and title if applicable. (NOT) DIRECTORS DELETE BROADWAY, SUITEZ	E: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI DDDDD:31 -02/10/	DATE CERS AND DIRECTORS IN 12 Change Addition 30260-7 00-01004-002
SignSture/Fifted or printed name of registered agent OFFICERS AND PRECIDENT / CEO DANIEL J COHEN PMB 362 1830 E. 104 TUESON, AZ 8571	and title if applicable. (NOT) DIRECTORS DELETE BROADWAY, SUITEZ	E: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition 30260-7 00-01004-002
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