## 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 # P98000054936

Country

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10800 BISCAYNE BLVD SUITE 620

FRECHETTE, JOSEPH C JR

NORTH MAIMI FL 33161

BROWARD

9. Name and Address of Current Registered Agent

1. Corporation Name

HOLIDAY CONSULTING, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3300

Surte 1101

HALLANDAUE

200 LESLIE

14401 NW 10TH AVE NORTH MIAMI FL 33161 Mailing Address

14401 NW 10TH AVE NORTH MIAMI FL 33161

2a. Mailing Address

200 LESK

HALLANDAY

Suite, Apt. #, etc.

Sunt City & State

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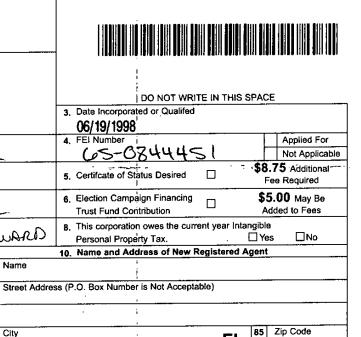
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Zip

## **FILED** Feb 25, 1999 8:00 am **Secretary of State**

02-25-1999 90037 033 \*\*\*150.00



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, 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

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84 City

OR

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30 BROWARD

Country

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agent. i a	ni lamiliai with, and accept the obligations of, Section 667.0505, Flori	da Oldidios.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature n	required when reinstating) DATE		{
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		1.1 TITLE		Change	Addition
TITLE				- Gridinge	_,,,,,,,,,,,
NAME	HOLIDAY, MICHAEL	1.2 NAME	MICHAGE HOLIDAY 200 LESLIE DR SUITE 1101		
STREET ADDRESS	14401 NW 10TH AVE	1.3 STREET ADDRESS	200 Lescie ibie suite		
CITY-ST-ZIP	NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME	-		į
STREET ADDRESS		2.3 STREET ADDRESS	!		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	l		
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME		3.2 NAME	i		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			i
TITLE	☐ DELETE	4.1 TITLE	,	Change	Addition
NAME		4.2 NAME	}		
STREET ADDRESS		4.3 STREET ADDRESS	,		
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	, □	Change	☐ Addition
NAME		5.2 NAME			Į
STREET ADDRESS		5.3 STREET ADDRESS			İ
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	□ DELETE	6.1 TITLE	· 🗆	Change	☐ Addition
NAME		6.2 NAME	•		
STREET ADDRESS		6.3 STREET ADDRESS	, ,		
CITY ST. 7ID		6.4 CITY-ST-ZIP	i		

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, like empowered.

SIGNATURE: