FILE MOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9800056397

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90063 019 ***150.00

SIEVEN'	S CONSULTING COHP.						
Principal Place of Business Mailing Address							191
3208-C EAST COLONIAL DRIVE #266 3208-C EAST COLONIAL DRIVI				F #266			
ORLANDO FL 32803 ORLANDO FL 32803				. #200			
						DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualifed 06/24/1998	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 26						59-3518230 Not Applica	ble
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional	
27				_		Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	•
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent		Ĺ.,	1	10. Name and Address of New Registered Agent	
4.1				81	Name		
	ITRAUB, STEVEN			82	Street A	Address (P.O. Box Number is Not Acceptable)	
400 HERNDON AVENUE					000		
SUITE 108				83			
ORLANDO FL 32803					0.7	85 Zip Code	\dashv
				84	City	FL 85 Zip Code	1
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	iutnonzed	I DY	tne corpo	corporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	iq.
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT)	: Registered	Agen	nt signature re	equired when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TF	TLE		☐ Change ☐ Add	IIGON
NAME	WEINTRAUB, STEVEN		1.2 NA	ME			
STREET ADDRESS	DDRESS 400 HERNDON AVENUE #108			REET	FADDRESS		}
CITY-ST-ZIP	ORLANDO_FL 32803		1.4 CI	1.4 CITY-ST-ZIP			
TITLE	D DELETE 2:			TLE		☐ Change ☐ Add	dition
NAME	WEINTRAUB, STEVEN		22 N	ME			
STREET ADDRESS	400 HERNDON AVENUE #108		2.3 \$1	REET	TADORESS		
CITY-ST-ZIP	ORLANDO FL 32803		2.4 C	ITY-S	ST-ZIP		
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NAME			3.2 NA	AME		-	-
STREET ADDRESS			3.3 \$1	TREE1	T ADDRESS		
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Ad	dition
NAME			4. 2 N	AME	į		
STREET ADDRESS			4.3 S7	TREE T	TADORESS		
CITY-ST-ZIP			4.4 CI	TY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Ad	dition
NAME			5.2 N/	AME			1
STREET ADDRESS			5.3 ST	TREE1	TADDRESS		
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP		
TITLE	☐ DELETÉ 6.1°		6.1 TI	TLE		☐ Change ☐ Ad	dition]
NAME			6.2 N	AME]		Ì
STREET ADDRESS			6.3 S	TREE	TADDRESS		
CITY-ST-ZIP			6.4 CI	TY-S	T- 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN WEINTRAU