PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90159 016 ***150.00

				 	
DOCUMENT # P9800057444					
1. Corporation Name WILLIAM (2) BARLOWE CONSULTING, INC.					
CORRECT				(JEE JOAN 150 FORD) FRITT BANK DANN ARIJE DANK AND	<u> </u>
Principal Place	. •	Mailing Address			
2501 SOUTH OCEAN DRIVE 2501 SOUTH OCEAN DRIVE SUITE 836 / 22 G SUITE 836 / 22 G					
SUITE 286 / 2.2.4 SUITE 286 / 2.2.4 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019				DO NOT WRITE IN THIS SPA	ACE
				3. Date Incorporated or Qualifed	
		1 - 44 15 4 44		06/26/1998	Applied For
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 65-0848 728	Applied For Not Applicable
Suite Apt.	#. etc.	(Suite Apt. #, etc.			8.75 Additional
1226 27 /22		26	5. Certificate of Status Desired	Fee Required	
City & State		City & State			\$5.00 May Be
	Country	28	Country	Trust Fund Contribution 8. This corporation owes the current year intangi	Added to Fees
Zip S/M			30 USA		Yes PNo
4	9. Name and Address of Curren			10. Name and Address of New Registered Age	nt
0.0	A COUNT NAME OF A DATE OF		81 Name	VILLIANTED RUME CON	USUTING, INC.
	ILOWE, WILLIAM L 1 SOUTH OCEAN DRIVE		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	er f
	TE_838*		83	0 4 100	
I .	LYWOOD FL 33019		L	Suite 122	
}			84 City	Correct FL	Current
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named co	orporation submits this statement for the purpose of character's board of director's. I hereby accept the appointment	nging its registered ent as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Flor	ida Statutes.		<u> </u>
SIGNATURE Signishine, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required					ſ
SIGNATURE	Signature broad or printed name of registered area				
SIGNATURE				uted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	
	PRESIDUNT	nt and the if applicable. (NOTE:	Registered Agent signature req. 13. 1,1 TITLE	uted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
12. TITLE NAME	PRESIDENT	IN and the it applicable. (NOTE: ID DIRECTORS DELETE	Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME	uted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 charged or on an attachment with an address, with all-other like empowered.