


FILED
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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057444

1. Corporation Name

WILLIAM L. BARLOWE CONSULTING, INC.*Correct*

Principal Place of Business

 2501 SOUTH OCEAN DRIVE
 SUITE 838 1226
 HOLLYWOOD FL 33019

Mailing Address

 2501 SOUTH OCEAN DRIVE
 SUITE 838 1226
 HOLLYWOOD FL 33019


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>SAME</i> Suite, Apt. #, etc. 22 <i>1226</i> City & State 23 <i>SAME</i> Zip 24 <i>SAME</i> Country 25 <i>USA</i>		2a. Mailing Address 26 <i>SAME</i> Suite, Apt. #, etc. 27 <i>1226</i> City & State 28 <i>SAME</i> Zip 29 <i>SAME</i> Country 30 <i>USA</i>		3. Date Incorporated or Qualified 06/26/1998	4. FEI Number 65-0848 728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent

 BARLOWE, WILLIAM L
 2501 SOUTH OCEAN DRIVE
 SUITE 838
 HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name	<i>WILLIAM L. BARLOWE CONSULTING, INC.</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>Correct</i>
83	<i>Suite 1226</i>
84 City	<i>correct</i>
85 Zip Code	<i>FL</i>

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PRESIDENT</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>WILLIAM L. BARLOWE</i>	1.2 NAME	
STREET ADDRESS	<i>2501 SOUTH OCEAN DRIVE</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>HOLLYWOOD, FL, 33019</i>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

William L. Barlowe (WILLIAM L. BARLOWE)

Date

1/10/99 (254) 455 2100

Daytime Phone #

CR2E034 (1/1/98)