


FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90015 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>098060658277</u> 1. Corporation Name <u>E & D Consulting, Inc.</u>			
Principal Place of Business <u>5700 Memorial Hwy</u> <u>Suite 209</u> <u>Tampa, FL 33615</u>		Mailing Address <u>SAME</u>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21. <u>5700 Memorial Hwy</u>	26. <u>Same</u>	<u>7/16/98</u>	
22. Suite, Apt. #, etc. <u>Suite 209</u>	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State <u>Tampa, Florida</u>	28. City & State <u>Tampa, Florida</u>	<u>59-3522038</u>	<input type="checkbox"/> Not Applicable
24. Zip <u>33615</u>	29. Zip <u>33615</u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country <u>USA</u>	Country <u>USA</u>	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>DAVID BAKER</u> <u>5700 Memorial Hwy</u> <u>Suite 209</u> <u>Tampa, FL 33615</u>		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <u>FL</u>	
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
<u>PRESIDENT</u>		<u>SECRETARY</u>	
<u>DAVID MYERS</u>		<u>ELAINE MYERS</u>	
<u>8715 TAHITI LN.</u>		<u>8715 TAHITI LANE</u>	
<u>TAMPA, FL. 33615</u>		<u>TAMPA, FL. 33615</u>	
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	
<u>VICE PRESIDENT</u>			
<u>ELAINE MYERS</u>			
<u>8715 TAHITI LN.</u>			
<u>TAMPA, FL. 33615</u>			
TITLE	<input checked="" 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	
<u>SECRETARY</u>			
<u>DAVID BAKER</u>			
<u>6403 HENTHERMOOR CT.</u>			
<u>TAMPA, FL. 33634</u>			
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	
<u>TREASURER</u>			
<u>ELAINE MYERS</u>			
<u>8715 TAHITI LANE</u>			
<u>TAMPA, FL. 33615</u>			
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:

Elaine Myers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/99
 Date

813-877-2451 ext.
 Daytime Phone #

322

CR2E034 (11/98)