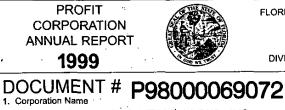
Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SHEARESOLVE CONSULTING GROUP, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 006 \*\*\*150.00

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		131 <b>- 1</b> 11 - 111 - 111	
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•	

3960 UTOPIA CO MIAMI FL 33133				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 08/07/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	
21		26			65-0861983		Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
22		27						
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 ( Added to	- 1	
Zip 24	Country 25	Zip . Country 29 30			8. This corporation owes the current year Intangible Personal Property Tax.   ✓ Yes   No			
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Register	ed Agent		
			81	Name	•			
SHEAR, DAVID ESQ. 200 S. BISCAYNE BLVD.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITI	E 2100		83					
MIAM	II FL 33133		84	City		85 Zip C	ode	
		DEDO LCOT 1500 Florido Chabita	- the about	nomed cor	poration submits this statement for the purpose		registered	
office or re agent. I ar	egistered agent, or both, in the St	ate of Florida. Such change was au- ligations of, Section 607.0505, Flori	thorized by	tne corporati	ion's board of directors. I hereby accept the ap	pointment as reg	istered	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: f	Registered Agen	t signature require	ed when reinstating) DATE			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	SHEAR, HANNAH		1.2 NAME		·		Ì	
STREET ADDRESS	3960 UTOPIA COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME.	•	<del>*</del> .	2.2 NAME				{	
STREET ADDRESS			2.3 STREET	ADDRESS	•	•		
CITY-ST-ZIP		<u> </u>	2.4 CITY-S	T-ZIP		<u> </u>		
TITLE .		☐ DELETE	3.1 TITLE		The second secon	Change	☐ Addition	
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP		<u> </u>	3.4 CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-zip				
TITLE		DELETE	5.1 TITLE		<del></del>	Change	☐ Addition	
NAME	·		5.2 NAME					
STREET ADDRESS	•		5.3 STREET	ADDRESS			,	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	`	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME .			6.2 NAME	1				
STREET ADDRESS	•		6.3 STREET	ADDRESS	•		ĺ	
CITY-ST-ZIP			6.4 CITY-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: