

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 030 ***300.00

0411322

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

DOCUMENT # P98000073525

1. Corporation Name
HIGGINS & ASSOCIATES CONSULTING, INC.

Principal Place of Business 6322 PALMA DEL MAR BLVD. SO.,STE.114 ST. PETERSBURG FL 33715	Mailing Address 6322 PALMA DEL MAR BLVD. SO.,STE.114 ST. PETERSBURG FL 33715
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 510 70TH AVENUE Suite, Apt. #, etc. #3 City & State ST. PETE BEACH FL Zip 33706 Country USA		2a. Mailing Address 26 510 70TH AVENUE Suite, Apt. #, etc. #3 City & State ST. PETE BEACH FL Zip 33706 Country USA		3. Date Incorporated or Qualified 08/20/1998	
4. FEI Number 59-3533966		Applied For <input type="checkbox"/> Yes <input checked="" 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		7. 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 HIGGINS, JOSEPH W JR. 6322 PALMA DEL MAR BLVD. SO.,STE.114 ST. PETERSBURG FL 33715 JUST AN ADDRESS CHANGE ->		10. Name and Address of New Registered Agent 81 Name HIGGINS, JOSEPH W. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 510 70TH AVE STE 3 83 84 City ST. PETE BEACH FL 85 Zip Code 33706	
--	--	--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HIGGINS, JOSEPH W JR. <input type="checkbox"/> DELETE	1.1 TITLE	D HIGGINS, JOSEPH W. JR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6322 PALMA DEL MAR BLVD. SO.,STE.114	1.2 NAME	510 70TH AVE STE 3
STREET ADDRESS	ST. PETERSBURG FL 33715	1.3 STREET ADDRESS	ST. PETE BEACH, FL 33706
CITY-ST-ZIP		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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (727)360-0545
Date Daytime Phone #

CR2E034 (11/98)