Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90004 026 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROCOTAFO2

1. Corporatio	UDDENHAM CONSULTANT	S, INC.				
Principal Place of Business Mailing Address						
4151 N.W. 66TH AVENUE CORAL SPRINGS FL 33067 4151 N.W. 66TH AVENUE CORAL SPRINGS FL 33067						DO NOT WRITE IN THIS SPACE
					•	3. Date Incorporated or Qualifed 08/26/1998
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	1 26					65 -0863738 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$8.75 Additional
22	2 27					5. Certificate of Status Desired
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country					8. This corporation owes the current year Intangible
24	25	29	30	-		Personal Property Tax. ☐ Yes ☑ No
- : -	9. Name and Address of Curre		1			10. Name and Address of New Registered Agent
, 200 EAST LAS OLAS BLVD. #1900 FT. LAUDERDALE FL 33301			L	82 83 84	Street A	Address (P.O. Box Number is Not Acceptable)
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.					the corpo	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE						6 JANWARY 99
					t signature re	adment ment (enseming)
12.	D OFFICERS AF	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1	-	□ pereie	1.1 TITL			Change Addition
NAME	AAEA NIM COTTLANENIE		1.2 NA	-		
STREET ADDRESS	CODAL ODDINGO EL GOGOT			1.3 STREET ADDRESS		
CITY-ST-ZIP				1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE			}	Change Addition
NAME	TUDDENHAM, LYNN M		2.2 NAM	2.2 NAME		
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS		e growing ways the control of the co
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP		THE THE PARTY OF T
		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME		3.2 NAA	3.2 NAME			
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CIT	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME			4. 2 NA	MΕ		·

14. I hereby certify that the information supplied with this filling 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.

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

☐ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition