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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0376354

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90188 044 ***150.00

DOCUMENT # P98000080626

1. Corporation Name
ANATEC CONSULTING, INC.

Principal Place of Business

8639 N. HIMES AVE., #3010
TAMPA FL 33614
1524 WILD FOWL PL
LUTZ, FL 33549

Mailing Address

8639 N. HIMES AVE., #3010
TAMPA FL 33614
1524 WILD FOWL PL
LUTZ, FL 33549

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JACOBSEN, ANNETTE H
8639 N. HIMES AVE., #3010
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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	D	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP 547 1524 WILD FOWL PL #100 LUTZ, FL. 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, ANNETTE H				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8639 N. HIMES AVE., #3010				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL 33614				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Annette A. Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/1999 813-909-0021

Date

Daytime Phone #

CR2E034 (11/98)