


FILE NOW: FILING FEE AFTER MAY 1ST IS \$560.00-

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|---|---|--|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000086318 | | | | | |
| 1. Corporation Name TIME CONSULTING, INC. | | | | | |
| Principal Place of Business 539 N.W. 130TH WAY PEMBROKE PINES FL 33028 | | | Mailing Address 539 N.W. 130TH WAY PEMBROKE PINES FL 33028 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 10/08/1998 | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | 4. FEI Number 650868467 | |
| | | | | Applied For <input 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 | |
| | | | | 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent LEVINSON, BARRY 539 N.W. 130TH WAY PEMBROKE PINES FL 33028 | | | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PVST LEVINSON, BARRY <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | 539 N.W. 130TH WAY | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | | | | |
| TITLE | D LEVINSON, BARRY <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | 539 N.W. 130TH WAY | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12 NAME | | | | | |
| 13 STREET ADDRESS | | | | | |
| 14 CITY-ST-ZIP | | | | | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 22 NAME | | | | | |
| 23 STREET ADDRESS | | | | | |
| 24 CITY-ST-ZIP | | | | | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 32 NAME | | | | | |
| 33 STREET ADDRESS | | | | | |
| 34 CITY-ST-ZIP | | | | | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 42 NAME | | | | | |
| 43 STREET ADDRESS | | | | | |
| 44 CITY-ST-ZIP | | | | | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 52 NAME | | | | | |
| 53 STREET ADDRESS | | | | | |
| 54 CITY-ST-ZIP | | | | | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 62 NAME | | | | | |
| 63 STREET ADDRESS | | | | | |
| 64 CITY-ST-ZIP | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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

2-4-99

954 442 1245

CR2E034 (1/98)