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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **FILED** Feb 21, 1999 8:00 am Secretary of State

•	1999	DIVISION OF CO	DRPORATI	ONS	02-21-1999 90057 029	) ***150.00	0
<ol> <li>Corporation</li> </ol>	MENT # P980000 Name ISULTING, INC.	086510					
,				,			
Principal Place of Business Mailing Address						.,	
318 E. RIVERBEND DR. 318 E. RIVERBEND DR.							
SUNRISE FL 33	326	SUNRISE FL 33326			DO NOT WRITE IN THIS	CDACE	
					3. Date Incorporated or Qualifed	SPACE	
					10/08/1998	<del></del>	
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 0868039	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	
City & State	е	City & State	•	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year Inte	angible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current			-	10. Name and Address of New Registered	Agent	
			81	Name			
KLISTON, TODD W					ress (P.O. Box Number is Not Acceptable)	<del></del>	
8211 W. BRUWARD BLVD., 51E. 375				Oli ool 7 loo.			
PLAI	NTATION FL 33324		83				
			84	City		85 Zip C	ode
				ĺ	<u> </u>		
l office or r	paietored eagent, or both, in the State of	f Florida. Such change was auf	thorized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	cnanging its r ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i.			
SIGNATURE		Work of	N		ad when reinstating) DATE		
1 42	Signature, typed or printed name of registered agent of OFFICERS AND		13.	it signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
12.	D	DELETE	1,1 TITLE			☐ Change	Addition
NAME	MEARS, MICHELLE		1.2 NAME				
STREET ADDRESS	318 E. RIVERBEND DR.		1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	SUNRISE FL 33326		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME		•		ł
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST- ZIP		☐ Change	Addition
TITLE		☐ DECETE	4 1 TITLE				
NAME			4. 2 NAME	T ADDRESS			
STREET ADDRESS			4.4 CiTY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-411		Change	Addition
NAME			5.2 NAME	İ		•	
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	[	~		
STREET ADDRESS			6.3 STREE	T ADDRESS	•		ļ
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:

Daytime Phone #