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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## P98000087337 DOCUMENT #

1. Corporation Name

JANICE DREWING CONSULTING, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 001 \*\*\*163.75



Principal Plac	e of Business	Mailing	Address		* 100/100/ 1/4 (5/4/ 10/1/ 54/1/ 10/	·    -	,
7571 S.W. 65 PLACE 7571 S.W. 65 PLACE						•	
SOUTH MIAMI FL 33143. SOUTH MIAMI FL 33143			MIAMI FL 33143		DO NOT WRITE IN THIS SPACE		
	*				Date Incorporated or Qualifed		<del></del> ,
	`,				10/09/1998		1
2 Principal D	lace of Business	. 2a Ma	ilina Address		4. FEI Number	·   Ani	olied For
2. Principal Place of Business 21				Prive	65-0867356 0		Applicable
21 1 79 0 1 4 9 0 0 1 4 9 0 1 1 1 1 26 1 7 9 1 4 9 0 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1110		\$8.75 A	
22	m, etc.	27	to, Apt. 11, Cto.		5. Certifcate of Status Desired	Fee Re	
City & Stat	le .		y & State	· ›	6. Election Campaign Financing	- \$5.00	
23 Tavernier L 28 Tavernier							
Zip _	Cou			Country	8. This corporation owes the curre	ent year Intangible	_
24 330	70: 25 /	ntry Zip	,3070 <sub>30</sub>	Monroe	Personal Property Tax.		<b>₩</b> 0
5		dress of Current Registere		1	10. Name and Address of New R	tegistered Agent	
	· · · :			81 Name			
DREWING, JANICE					Address (P.O. Box Number is Not Acceptable)		
7571 S.W. 65 PLACE					diess (1.0. box Hambor to Not Procepts		
SOU	JTH MIAMI FL 3314	13		83	<u> </u>		
				84 City		85 Zip C	`odo
				84 City		FL 85 Zip C	Joue
11. Pursuant	to the provisions of S	ections 607.0502 and 607.1	508, Florida Statutes,	the above-named cor	rporation submits this statement for the	purpose of changing its	registered
office or i	registered agent, or b	oth, in the State of Florida. S accept the obligations of, Sec	uch change was author	orized by the corporal	tion's board of directors. I hereby accep	t the appointment as reg	gistered
	an samual with and t	tooopt the obligations of	Mich correcto, richad		•	•	Į
SIGNATURE	Signature, typed or printed n	ame of registered agent and title if appli	cable. (NOTE: Rec	gistered Agent signature requi	red when reinstating)	DATE	
12.		OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	R\$ IN 12
TITLE	Presiden	†	DELETE	1.1 TITLE		☐ Change	Addition
NAME		Drewins .		1.2 NAME			
STREET ADDRESS	179 orl	ando Drive		1.3 STREET ADDRESS			
CITY-ST-ZIP	Tavern	cr. FL 33	270	1.4 CITY-ST-ZIP			
TITLE			DELETE	2.1 TITLE		Change	☐ Addition
NAME			•	22 NAME			1
STREET ADDRESS				2.3 STREET ADDRESS		•	
CITY-ST-ZIP		•		2. 4 CITY-ST-ZIP			
TITLE -			DELETE	3.1 THLE		☐ Change	Addition
NAME				3.2 NAME			1
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP	n to w			3.4. CITY-ST-ZIP			
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NAME	}			4. 2 NAME			
STREET ADDRESS	[			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		•		5.2 NAME	•		}
STREET ADDRESS	( )			5.3 STREET ADDRESS		•	,
CITY-ST-ZIP		·		5.4 CITY-ST-ZIP			
	<del>*</del>		☐ DELETE	6.1 TITLE		Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS