

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

FILED

00 JAN -5 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088543

1. Corporation Name

EDWARDS & CARSTARPHEN CONSULTING, INC.



819199 90008007

DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~2000 DOWNS ROAD~~  
~~SUITE 201~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~2000 DOWNS ROAD~~  
~~SUITE 201~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

21 4960 S.W. 72nd AVENUE  
Suite, Apt. # 301

22 City & State

23 MIAMI, FLORIDA

24 Zip

25 USA

2a. Mailing Address

26 4960 S.W. 72nd AVENUE  
Suite, Apt. # 301

27 City & State

28 MIAMI, FLORIDA

29 Zip

30 USA

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

05-0876401

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

EDWARDS, DEBORAH M

~~2000 DOWNS ROAD~~ 4960 S.W. 72 AVENUE  
~~SUITE 201~~ SUITE 301  
~~CORAL GABLES FL 33134~~ MIAMI, FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE D ☐ DELETE  
NAME CARSTARPHEN, M.L. 4960 S.W. 72 Avenue  
STREET ADDRESS ~~2000 DOWNS ROAD~~ Suite 301  
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~ Miami, FL 33155

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE ☐ Change ☐ Add  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

KE

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:

*M. L. Carstarphen*

(305) 442-2249