PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9800088577

1. Corporatio	Name Pagooo	110001						
	NSULTING SERVICES, INC.							
THE CO	MODELING DELIVIOES, INC.				4 (884)(MB) (18 (8(3) (8(1) BB))(86)((86)() 68(3)	nedi 1000 1 delet (881) 1320 JA <i>r</i> i	
i							ANK AND IN	
Delegated Place	- d Business	Malling Address			(OZUITA I IVA IDNOT ÎNÎN ARAN DÎNÎN ÎRANÎ ÎRANÎ	alia t paga di asses	98)) 1331 1861	
17507 TIFFANY TRACE DRIVE 17507 TIFFANY TRACE DRIVE BOCA RATON FL 33487 BOCA RATON FL 33487			-					
DOOR HATON	rt 30401	BOOK INTO IT IS ON			DO NOT WRITE IN THIS	SPACE		
	•				3. Date Incorporated or Qualifed			' '
ì	•				10/16/1998			1
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 0876059		died For	
21	. 26				63-00/000/		Applicable	١.
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		Ι'
		27			A CA			
_City & Sta	te	City & State	·	·- •	6. Election Campaign Financing	- \$5.00 Added to		
23		28	Country		Trust Fund Contribution		rees	i
		Zip 3:	_ `		 This corporation owes the current year Int Personal Property Tax. 	angible Maryes	□No	l
24	9. Name and Address of Current	11	<u> </u>		10. Name and Address of New Registered			l
<u> </u>	y, Name and Address of Curren	t Kadistereo Agent	81	Name	10. 110.00 0.10 / 120.00			
LFR	LANC, ROBERT							l
17507 TIFFANY TRACE DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				l
BOCA RATON FL 33487			83					
						Tabl 75 6		ĺ
•			84	City	. FL	85 Zip C	ode	ł
11 Pureuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	, the above	named con	poration submits this statement for the purpose of	changing its	registered	l
office or	registered agent, or both, in the State	of Florida. Such change was auti	horized by t	he corporati	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appoint	itment as reg	istered	l
l		BOHS OF, SECURIT OUT.0000, 1 long	a Sidulies.					l
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	egislered Agent	signature requir	ed when reinstating) DATE			8
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12	\$
TITLE	D	☐ DELETE	1.1 TITLE	1	•	Change	Addition	CR2E034 (11/98)
NAME	LEBLANC, ROBERT		12 NAME					정
STREET ADDRESS	17507 TIFFANY TRACE DRIVE		1.3 STREET	ADORESS				Щ
CITY	BOCA RATON FL 33487		1.4 CITY-ST	-ZIP	<u></u>	[]Change	Addition	8
mre .		- DETELE	21 TITLE			Downson	Clyoner	Ŭ
NAME	1		22 NAME					
STREET ADDRESS	3		2.3 STREET	ADDRESS				
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NAME			32 NAME		•			i
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NAME	-	☐ DELETE	4.1 TITLE			☐ Change		ļ
	·	☐ DELETE	4. 2 NAME	ADDOGGG		_ Criange		
STREET ADDRESS		☐ DELETE	4. 2 NAME 4.3 STREET	4				
CITY-ST-ZIP		-	4.2 NAME 4.3 STREETA 4.4 CITY-ST	4	,	Change	☐ Addition	
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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 ennual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made funder oath; that I am an officer or director of the corporation of ingresoiver 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 post, attricty that with an address, with all other like empowered.

SIGNATURE

1/7/99

Daytima Phone #

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90013 030 ***150.00

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