


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90200 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P98000090867 1. Corporation Name ALBERT TAMBURRINO CONSULTING, INC.																											
Principal Place of Business 334 EAST LAKE ROAD #201 PALM HARBOR FL 34685		Mailing Address 334 EAST LAKE ROAD #201 PALM HARBOR FL 34685																									
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																									
9. Name and Address of Current Registered Agent TINGIRIDES, STAVROS 2469 ENTERPRISE ROAD SUITE B CLEARWATER FL 33763		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>TAMBURRINO, ALBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>334 EAST LAKE ROAD #201</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PALM HARBOR FL 34685</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> DELETE	NAME	TAMBURRINO, ALBERT		STREET ADDRESS	334 EAST LAKE ROAD #201		CITY-STATE-ZIP	PALM HARBOR FL 34685		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1.1 TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-STATE-ZIP		
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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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-99 (727) 981-0147
 Date Daytime Phone #

CR2E034 (5/99)