

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

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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90092 002 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000091318

1. Corporation Name  
 CUMBERLAND CONSULTING GROUP, INC.



Principal Place of Business  
 46 GULF POINT RD  
 SANTA ROSA BEACH FL 32459

Mailing Address  
 46 GULF POINT RD  
 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/26/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-354125	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MCKEEMAN, DEBORAH J 46 GULF POINT RD SANTA ROSA BEACH FL 32459				8. This corporation owes the current year Intangible Personal Property Tax.	
				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: *Deborah J. McKeeman* DATE: 3-16-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MCKEEMAN, ROBERT S	1.2 NAME	
STREET ADDRESS	46 GULF POINT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Robert S. McKeeman* DATE: 3/15/99 DAYTIME PHONE #: 850-622-1060

CR2E034 (11/98)