SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

984 NW 113TH WAY

CORAL SPRINGS FL 33071

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101155

LHE CONSULTING CORP.

Principal Place of Business

984 NW 113TH WAY CORAL SPRINGS FL 33071

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27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property. 30 29 24 9. Name and Address of Current Registered Agent 81 Name SHAPIRO, KENNETH W ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1776 N. PINE ISLAND RD., \$-308 PLANTATION FL 33322 83

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90013 025 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address -65-0885400 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees X-Yes ∐ No 10. Name and Address of New Registered Agent 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE Change DELETE EDELSTEIN, LEE 1.2 NAME NAME 984 NW 113TH WAY 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE __ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change noitibhA 4.1 TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 5.1 TITLE DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6 1 TITLE Change ___ Addition ___ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPE

CR2E034 (5/99)

LHE Consulting

984 NW 113 Way Coral Springs, FL 33071 954-227-7990 954-341-5222 Fax LEdel219@aol.com P98000101155 582639-90013-25

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302 1500

July 1, 1999

Dear Sirs:

I received yesterday a Second Notice 1999 Profit Corporation Annual Report packet for both my corporations. I immediately called your offices because I did not receive the First Notices. One of your personnel told me to send you this letter with the enclosed forms and checks in the amounts of \$150.00 each.

Thank you for your consideration in this matter.

Sincerely,

Lee Edelstein Director