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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000102903

LARRY FOSTER CONSULTANT, INC.

| Principal Place of Business | Maili |
|-----------------------------|--------|
| 9201 DAYFLOWER DRIVE | 9201 C |
| | |

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90140 045 ***150.00

| Principal Place of Business Adding Address ADD DAYFLOWER DRIVE TAMPA FL 33847 20. Malling Address 21. Malling Address 22. Malling Address 23. Date incorporated or Qualifed 12/08/1998 24. Principal Place of Business 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. City & State | • | COTET CONCETANT, INC. | · - _ | | | | | |
|--|---|---|--|--|---|--|-------------------|----------------|
| AMPA FL 3847 TAMPA F | | ce of Business | Mailing Address | | | | 110 11910 10111 O | 1100 1111 1001 |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 12/08/1998 A. FEI Number 24 Applied 12/08/1998 A. FEI Number 27 Applied Applied 28 Suite, Apt. #, etc. Soute, Apt. #, etc. So | | | | | | DO NOT WRITE IN THIS | SPACE | |
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| Suite, Apt. #, etc. Suite, Ap | 2 Principal I | Place of Business | 2a Mailing Address | | | 4 FEI Number | - An | plied For |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | - ' | Tidd of Basilless | | | | 59-3545507 | | t Applicable |
| See Require | 1 | t. #. etc. | | | | 1 | | |
| City & State City & State | | | - | | | 5. Certificate of Status Desired | Fee Re | quired |
| 28 | | ate | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 28 | 23 | | | | | Trust Fund Contribution | Added t | o Fees |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FOSTER, LARRY 9201 DAYFLOWER DRIVE TAMPA FL 33647 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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyper or printed names of registered agent and tild in applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-ST-ZP TITLE DST AMPA FL 33647 14. CITY-ST-ZP TITLE DST DELETE 1.1 TITLE DST DELETE 2.1 TITLE DST DST, AMPA FL 33647 14. CITY-ST-ZP TITLE DST AMPA FL 33647 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Change TITLE DELETE 3.1 TITLE DST AMPA FL 33647 Change C | Zip | Country | Zip | Cou | ntry | 8. This corporation owes the current year Inter- | | |
| FOSTER, LARRY 9201 DAYFLOWER DRIVE TAMPA FL 33647 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the objective difference or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing lits registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed names of registered spent and 88e if applicable. (NOTE: Registered Agent signature required when reinstating) CATE | 24 | | | 30 | , | | 4 | □No |
| FOSTER, LARRY 9201 DAYFLOWER DRIVE TAMPA FL 33647 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 87 Represented 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 regit 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 registed agent, I am familiar with, and accept the objective of Sections of Secti | | 9. Name and Address of Curren | nt Registered Agent | | 041 24 | 10. Name and Address of New Registered | Agent | |
| 9201 DAYFLOWER DRIVE TAMPA FL 33647 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 regit 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 registed 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. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS TITLE DP NAME FOSTER, LARRY 12 NAME FOSTER, LARRY 13 STREET ADORESS 9201 DAYFLOWER DRIVE 13 STREET ADORESS 14 CITY-ST-ZIP TAMPA FL 33647 DELETE 14 CITY-ST-ZIP TAMPA FL 33647 DELETE 21 TITLE DST Change CHANGE 13 STREET ADORESS STREET ADORESS 9201 DAYFLOWER DRIVE 22 NAME STREET ADORESS 9201 DAYFLOWER DRIVE 23 STREET ADORESS STREET ADORESS 9201 DAYFLOWER DRIVE 23 STREET ADORESS STREET ADORESS STREET ADORESS 9201 DAYFLOWER DRIVE 23 STREET ADORESS STREET ADORESS STREET ADORESS 9201 DAYFLOWER DRIVE 23 STREET ADORESS STREET ADORESS STREET ADORESS GITY-ST-ZIP DELETE 11 TITLE Change | £00° | TED LADDY | | | Name | N. | | |
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| DP | SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE | : Registered | | | D DIRECTO | RS IN 12 |
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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 arm 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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: