

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-01-1999 90088 043 \*\*\*150.00

DOCUMENT # P98000107034

1. Corporation Name  
H & A CONSULTING CORP.

Principal Place of Business  
4000 N. FEDERAL HWY., S-201  
BOCA RATON FL 33431

Mailing Address  
4000 N. FEDERAL HWY., S-201  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 6451 N.W. 38th WAY

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Boca Raton FL

27 City & State

24 Zip 33496 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

12/23/1998

4. FEI Number

65-0909404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A ESQ.  
4000 N. FEDERAL HWY., S-201  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name H & A CONSULTING CORP

82 Street Address (P.O. Box Number is Not Acceptable)  
6451 N.W. 38th WAY

83 City Boca Raton FL 85 Zip Code 33496

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 Howard Levine (NOTE: Registered Agent signature required when resigning)

DATE 4-26-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME LEVINE, JEFFREY A  
STREET ADDRESS 4000 N. FEDERAL HWY., S-201  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME LEVINE, ANDREA  
1.3 STREET ADDRESS 6451 N.W. 38th WAY  
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME LEVINE, HOWARD  
2.3 STREET ADDRESS 6451 N.W. 38th WAY  
2.4 CITY-ST-ZIP BOCA RATON, FL 33496

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)