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

2a. Mailing Address

City & State

Zip

Suite, Apt. #_etc.

26

28

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

City & State

21

22

23 Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000108438

KARL HOFFMAN CONSULTING INC.

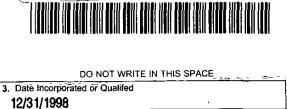
Mailing Address Principal Place of Business

Country

549 NORTH GOLDENROD ROAD 549 NORTH GOLDENROD ROAD ORLANDO FL 32807 ORLANDO FL 32807

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90069 043 ***158.75



4. FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

24	25	29	30			Personal Pro			□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 82 83		ess (P.O. Box Numb	er is Not Acceptabl		
				84	City			FL 85 Zip C	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.				13.	i signature required		HANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	D OI FIC	·		1.1 TITLE	-		WHOLE TO CITE	ange	tition
	HOFFMAN, KARL	_		1.2 NAME			٨	-	辿り、 上
	****			1.3 STREET	ADDECC	(\mathcal{A}		
	ODI ANDO EL 00007 TTAE			1.4 CITY-\$1		\sim /	\mathcal{N}		4
CITY-ST-ZIP TITLE	D CHEMINDO I E SEGGI-77 I		DELETE	2.1 TITLE	1-ZIF	 (Addition
NAME	WEISS, DAVID			2.2 NAME					_
	549 NORTH GOLDENROE	I PN	ľ	2.3 STREET	ADDRESS				
	ORLANDO FL 32807	, 11D.		2. 4 СЛY-S					
CITY-ST-ZIP TITLE	D			3.1 TITLE	11-21			Change	Addition
NAME	HONDA, MAGGI	Γ		3.2 NAME					
	1063 KELEY AVENUE		1	3.3 STREE1	ADDRESS				i
CITY-ST-ZIP	ORLANDO FL 32765			3.4. CITY-S					
·TITLE:	~			4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAME			- '		
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	r-ZIP				
TITLE			DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY- S	T-ZIP				
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME		•			
STREET ADDRESS	· "		1	6.3 STREET	ADDRESS				
CITY-ST-ZIP		,		6.4 CITY-ST					
	20 11 A 11 1 P 22	The state of the state of the state of				· 4: 110 07/21/31	Clasida Ctatutaa 16	urthar cartify that the i	nto was ation

Country

indicated on this annual report or supplied with this limit does not quality on the exhibition stated in Decidin 1950 (Art), Florida Statutes. Indicate certay that the limit and indicated on this annual report or suppliemental 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:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable