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

DOCUMENT # \$30873

M.E. LARSEN CONSULTING, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90156 025 ***150.00



						Bo nf aho ioe diikk ebio t kakk			ARRICANSIA (CO)	
Principal Place		Mailing Address								
i 1235 TWO OAKS BLVD 1235 TWO OAKS BLVD MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952										
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 US US						DO NOT WRITE IN THIS SPACE				
					3. Date In	corporated or Qualife	d			
					02/08	3/1991				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Nu	mber		A	pplied For	
21 3220	O S. Tropical Trail	26 3220 5 Tro	DOLG	Trai	65-02	247211		N-	ot Applicable	
Suite, Apt		Suite, Apt #, etc	1	•—•	ſ	ate of Status Desired			Additional	
22	_	27			5, Certilo			Fee R	equired	
City & State	e	City & State		٠ - ،	6. Electio	n Campaign Financin	9 _{f f}		May Be	
23 Mex	r. H Island FC	1	s lanc			und Contribution		· · · · · · ·	to Fees	
Zip	Country	Zip	Country			rporation owes the cu	irrent year Inta		□No	
24 329		29 35952 30)			al Property Tax. and Address of New	. Dogietorad	☐ Yes	□ NO	
	9. Name and Address of Current F	Registered Agent	81	Name	10. Name	and Address of New	Registered	Agent		
LARS	SEN, MELINDA E.		[
RT 1 BOX 722 EAST PALATKA FL 32131				82 Street Address (P.O. Box Number is Not Acceptable) \$2.20 S. Tropical Trail						
										[
			84	City	err, tt	Island	FL	85 Zip	Code 3952	
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes.	the abov	e-named co	progration submi	is this statement for th	e purpose of	changing its	s registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corpora	ation's board of	firectors. I hereby acc	ept the appoir	ntment as re	egistered	
_	m таппнаг with, ано ассерт the colligatio	na or, accitori cor .coca, monda	. Oldioles	•						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE Re	ngistered Age	nt signature requ	ured when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIO	ONS/CHANGES TO C	FFICERS AN			
TITLE	PC	☐ DELETE	: 1 TITLE					(X) Change	Addition	
NAME	LARSEN, MELINDA E		12 NAME				')			
STREET ADDRESS	1235 TWO OAKS BLVD		1.3 STREE	TADDRESS	3290 2	Tropical - Island	Lun			
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY-S	T- ZIP	Wellit	Island	FL	3293		
TITLE		☐ DELETE	21 TITL€					☐ Change	Addition	
NAME			2 2 NAME						ľ	
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NAME			32 NAME]						
STREET ADDRESS			33 STREE	T ADDRESS						
CITY-ST-ZIP			34 CITY-S	ST-ZIP					<u> </u>	
TITLE		□ DELETE	4 1 TITLE					Cnange	Addition	
NAME			4.2 NAME						}	
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NAME	!		52 NAME							
STREET ADDRESS			53STREE	T ADDRESS						
CITY-ST-ZIP			54 CITY-S	T-ZIP						
TITLE		☐ DELETE	6: TITLE					☐ Change	Addition Addition	
NAME			62 NAME							
STREET ADDRESS			63STREE	I ADDRESS						
CITY.ST.7IP			64 CITY-S	T- 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:

3/13/99 (407) 454-9413