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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90024 034 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S71124 1. Corporation Name

	en elevator consulta	INTS INC.						
Principal Place	of Business	Mailing Address		-	1 18311 BLB (1)1 (BBB) (1)84			
6320 BOCA DEL MAR DR 6320 BOCA DEL MAR DR								
#208 #208					DO NO	T WRITE IN THIS	S SPACE	
BOCA RATON FL 33433 BOCA RATON FL 33433			33		3. Date incorporated or Qu			
US US					08/06/1991			
· · · · · · · · · · · · · · · · ·		2a. Mailing Address			4. FEI Number		Apr	plied For
2. 1 11100001 1000 01 000010				65-0278448	•	Not	t Applicable	
Suite, Apt.	ff atc	Suite, Apt, #, etc.			 	ired 🗆	\$8.75 A	
	,	27			5. Certificate of Status Des		Fee Red	quired
City & State	9	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Fina	incing	\$5.00	
23 28		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes t	he current year Ir		□No
24	25	29	30		Personal Property Tax.	New Designation		
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of	Mam Kedizielac	1 Wileur	
201	NEW JEDONE E				·			
BUN	NEN, JEROME E BOCA DEL MAR DR	MITS 14.	•	82 Street Ad	dress (P.O. Box Number is Not	Acceptable)		
** × 6320	BUCA DEL MAN DN	•		83	THE SECTION ASSESSMENT		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 3 3 3 3 3 3
#208	A RATON FL 33433			63		推出推出		国际部
ВОС	A RATUR FE 33433	•		84 City		F	85 Zip C	Code
SO agent. Fa	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	ations of Section 607.0505	vas authorized 5, Florida Statu	ites.	allott's boatd of directors. Theres	, accept		·
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered		ired when reinstating)	DATE		
SIGNATURE	OFFICERS AI	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	Agent signature requ	aired when reinstating) ADDITIONS/CHANGES	DATE		ORS IN 12
12.	OFFICERS AI	ent and title if applicable.	(NOTE: Registered 13.	Agent signature requ	ired when reinstating)	DATE	AND DIRECTO	ORS 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 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.