Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90193 014 \*\*\*150.00

## 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 # **\$76398**

	SINESS CONSULTANTS, INC.				
Principal Place of Business  Mailing Address  Mailing Add			DO NOT WRITE IN THIS SPACE		
TAMPA FLORIDA 33624			3. Date Incorporated or Qualified 08/28/1991		
ת אלו 🖳	Place of Business OG GREENHEOGES OR 26  2a. Mailing Address AM	16	4. FEI Number Applied Fo 59-3091916 Not Applied		
Suite, Apt.	#, etc. Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired Fee Required		
22 City & Stat	te City & State		6. Election Campaign Financing \$5.00 May Be	$\neg$	
23   1 A 1 24   3 36	MA FLA 28 SAME	Country	8. This corporation owes the current year Intangible	$\dashv$	
24 356	9. Name and Address of Current Registered Agent	<u> </u>	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
	5. Name and Address of Current Registered Agent	81 Name			
GOROVITZ, AARON J. 215 NORTH EOLA DRIVE ORLANDO FL 32801		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
		83	-	$\dashv$	
		84 City	FL 85 Zip Code		
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida. Such change was aut im familiar with, and accept the obligations of, Section 607.0505, Florida.	norized by the corpora	rporation submits this statement for the purpose of changing its register stion's board of directors. I hereby accept the appointment as registered	∌d	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	Registered Agent signature requ	uired when reinstating)		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	DVP DELETE	1.1 TITLE	Change Ad	dition	
NAME	TITEN, LISA	1.2 NAME	10409 GREENHEDGES DRIVE		
STREET ADDRESS	[ 3 to 1	1.3 STREET ADDRESS		-	
CITY-ST-ZIP	WINTER PARK-FL 7	1.4 CITY-ST-ZIP	TAMPS FLORIOS 33626	dition	
TITLE	DP DELETE	: 2.1 TITLE		ווטטוו	
NAME	TITEN, EDWARD	2.2 NAME	LANG GOES NEOGES DRIVE	ļ	
STREET ADDRESS		2.3 STREET ADDRESS	TAMPO, FLORIDA 39624	-	
CITY-ST-ZIP	WINTER PARK FL	2. 4 CITY-ST-ZIP	Change Ad	dition	
TITLE	DELETE	3.1 TITLE			
NAME		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS		3.4. CITY-ST-ZIP		ļ	
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE	☐ Change ☐ Ad	dition	
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STREET ADDRESS		4.3 STREET ADDRESS		1	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	. Change Ad	dition	
NAME		5.2 NAME	• .		
STREET ADDRESS		5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP		5.4 CITY- ST-ZIP			
TITLE	DELETE	6.1 TITLE	Change Ad	dition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	· ·	- }	

14. 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 supplier ental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP