


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State
 08-17-1999 90010 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



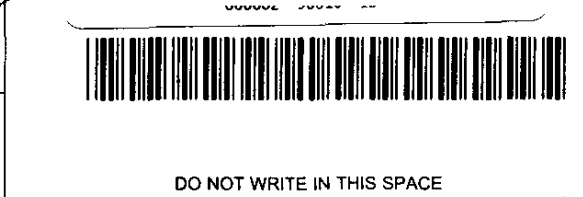
FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V10816
 1. Corporation Name
WEINSTEIN CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address

8437 PAPELON WAY JACKSONVILLE FL 32217 US

8437 PAPELON WAY JACKSONVILLE FL 32217 US



2. Principal Place of Business 2a. Mailing Address

21 **13798 ALLEGORY DRIVE** 26 **13798 ALLEGORY DRIVE**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **JACKSONVILLE, FL** 28 City & State **JACKSONVILLE FL**

24 Zip **32224** 25 Country **USA** 29 Zip **32224** 30 Country **USA**

3. Date Incorporated or Qualified
01/27/1992

4. FEI Number **59-3103288** 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. Yes No

9. Name and Address of Current Registered Agent

WEINSTEIN, YVONNE D.
8437 PAPELON WAY
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name **YVONNE D. WEINSTEIN**

82 Street Address (P.O. Box Number is Not Acceptable)
13798 ALLEGORY DRIVE

83

84 City **JACKSONVILLE FL** 85 Zip Code **32224**

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 *Yvonne D. Weinstein* DATE **10 August 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, KENNETH P.	
STREET ADDRESS	8437 PAPELON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, YVONNE D.	
STREET ADDRESS	8437 PAPELON WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13798 ALLEGORY DRIVE
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13798 ALLEGORY DRIVE
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Yvonne D. Weinstein* DATE **10 August 1999**

CR2E034 (5/99)

V10816
606682-90010-15



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

August 10, 1999

Florida Dept. of State
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Weinstein Consulting, Inc. – 1999 Corp. Annual Report

Dear Sir or Madam:

Please find the attached 1999 Annual Report and Check for \$150.00. The above referenced Taxpayer never received their 1st Notice of Filing. As soon as the Taxpayer received their 2nd Notice they brought it to our firm for completion. This is possible due to a new corporate address. We are asking for assistance on acceptance of this report and waiver of any late filing penalties. Your prompt assistance to this matter is appreciated in advance.

Sincerely

Enclosures:
Numerous