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 # V45185

JEAN WI	LLIS CONSULTING, INC.							
Principal Place	e of Business	Mailing Address			_			
335-7 IVES DAIRY ROAD 335-7 IVES DAIRY ROAD								
MIAMI FL 33179		MIAMI FL 33179			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed			
					06/22/1992			1
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		olied For	
21		26			65-0348887		Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
City & State		City & State			6. Election Campaign Financing	\$5.00		1
23	5	28			Trust Fund Contribution	Added to		
Zip	Country	Zip	Country	,	8. This corporation owes the current year Int	angible		1
24	25	29 30]		Personal Property Tax.	X Yes □	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		-
C11 IA	100 110		81	Name				}
FILINGS, INC.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
3732 NW 16TH STREET FT LAUDERRDALE FL 33311			83					┨
FILE	AUDENNUALE EL 30311		83					ŀ
			84	City	FL	85 Zip C	ode	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	e of Florida. Such change was auth ations of, Section 607.0505, Florida	onzed by a Statutes	e-named corporation the corporation the corporation the signature required	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as reg	registered	
12,	11971	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12] }
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition] ;
NAME	WILLIS, JEAN H		1.2 NAME					;
STREET ADDRESS	335-7 IVES DAIRY ROAD		13 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		14 CITY-S	T- ZIP				1
TITLE		☐ DELETE	2.1 TITLE			Change .	☐ Addition	∤ '
NAME			2.2 NAME					
OTTLECT ADDRESS			. 2.3 STREE	TADDRESS				-
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-5	ST-ZIP		Change	Addition	┨
TITLE		[1] Nete ie	3.1 TITLE					
NAME			3.2 NAME	TADDRESS				
STREET ADDRESS			3.4. CITY-5					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-ZIF		☐ Change	Addition	1
NAME			4, 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	1				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS		!	5.3 STREE	TADDRESS				1

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ DELETE

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90246 046 ***158.75

Addition

Change