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 # V60375

CANSULTANT, INC. OF LAKE COUNTY

Principal Place of Business Mailing Address						,)	191) BIBII BIBII BIBI	
P.O. BOX 374 TAVARES FL 32778 P.O. BOX 374 TAVARES FL 32778		· · ·				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						08/10/1992		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Δ	pplied For
21		26				59-3141762		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
22		27						
City & State	€	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year		101663
—	25		0	,		Personal Property Tax.	Yes	□No
24	g Name and Address of Curren		, , , , , , , , , , , , , , , , , , ,			10. Name and Address of New Registe		
			81	l N	Name			
MASTAK, NED J.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
701 BANNING BEACH ROAD			62		JUCOL Addict	(1.6. Box Hamber to Hot, tooptestey		
TAVA	ARES FL 32778		83	3				
			84	1	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				the above named o				ts registered
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut tions of, Section 607.0505, Floric	horized by da Statutes	/ the S.	e corporation	is board of directors. I hereby accept the a	ppolitiment as i	registered
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R D DIRECTORS	13.	ent sig	gnature required v	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	n or topics Art	☐ DELETE	1.1 TITLE			ASSITIONATION TO THE TOTAL TO T	☐ Change	
NAME	MASTAK, NED J.		1.2 NAME					
STREET ADDRESS	701 BANNING BEACH ROAD		1.3 STREE	ET AD	ORESS			
CITY-ST-ZIP	TAVARES FL		1.4 CITY-5	ST-ZI	IP			
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	MASTAK, SHIRLEY A.		22 NAME					
STREET ADDRESS	701 BANNING BEACH ROAD		2.3 STREE	ET AD	DRESS			
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP		JP			. D Addition
TITLE			3.1 TITLE				Change	Addition
NAME	ME .		3.2 NAME					
STREET ADDRESS	J		3.3 STREET ADDRESS					
CITY-ST-ZIP	☐ OELETE			3.4. CITY-ST-ZIP			Change	Addition
TITLE			1	4.1 TITLE 4.2 NAME			□ a.ia.ig.	
NAME			4.2 NAME		JUDE66			
STREET ADDRESS			4.4 CITY-5		1			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	21.7			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET AD	XORESS			
CITY-ST-ZIP			5.4 CITY-1	ST-Z	q _l			
		C) OF FT	£1 TITLE				[] Change	Addition

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 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. 352.343.2977

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90117 026 ***150.00

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