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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90197 024 \*\*\*150.00

DOCUMENT # V69461

1. Corporation Name

CONSULEF MANAGEMENT SERVICES, INC.

Principal Place of Business

4207 VINELAND RD.  
STE M-7  
ORLANDO FL 32811  
US

Mailing Address

4207 VINELAND RD.  
STE M-7  
ORLANDO FL 32811  
US

2. Principal Place of Business

21 200 Cherry Hill Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 160070  
Suite, Apt. #, etc.

City & State

23 Longwood, FL

Zip Country

24 32719 25 US

City & State

28 Altamonte Springs FL

Zip Country

29 32716 30 US

9. Name and Address of Current Registered Agent

ELLWOOD, JACQUELINE R  
4207 VINELAND RD M-7  
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1992

4. FEI Number

59-3153459

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 Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

200 Cherry Hill Circle

83

84 City Longwood

FL

85 Zip Code

32719

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

Jacqueline R. Ellwood, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME ELLWOOD, RICHARD L.  
STREET ADDRESS 4207 VINELAND RD., M-7  
CITY-ST-ZIP ORLANDO FL 32811

TITLE PTD ☐ DELETE

NAME ELLWOOD, JACQUELINE R.  
STREET ADDRESS 4207 VINELAND RD., M-7  
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS PO Box 160070

1.4 CITY-ST-ZIP Altamonte Springs, FL 32716

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS PO Box 160070

2.4 CITY-ST-ZIP Altamonte Springs, FL 32716

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Jacqueline R. Ellwood, President

Date

Daytime Phone #

4/15/99 (716) 297-4701

CR2E034 (11/98)