

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # F46316 (8)
1. Corporation Name
CONSOLIDARE ENTERPRISES, INC.



Principal Place of Business: **755 RINEHART RD PO BOX 958402 LAKE MARY FL 32795-5402**
Mailing Address: **755 RINEHART RD PO BOX 958402 LAKE MARY FL 32795-5402**

3. Date Incorporated or Qualified: **09/28/1981** 3a. Date of Last Report: **04/24/1995**
4. FEI Number: **63-0708035** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent
**THOMPSON, DAVID C.
755 RINEHART RD
LAKE MARY 32746**

10. Name and Address of New Registered Agent
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DAVID C.	
STREET ADDRESS	755 RINEHART RD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WEIL, FERD	
STREET ADDRESS	3316 BURNING TREE DR	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RITCHEY, FERRIS JR.	
STREET ADDRESS	1910 28 AVE S	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HULET, FRANK A.	
STREET ADDRESS	104 KISWA PKWY	
CITY - ST - ZIP	HUTCHINSON KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, SAMUEL F.	
STREET ADDRESS	1133 WINWARD LANE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, C. WESLEY	
STREET ADDRESS	108 LAGOON FOREST DR	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David C. Thompson* 1/18/96 407/321-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)



P.O. BOX 958402 • LAKE MARY, FLORIDA 32795-8402 • PHONE 407-321-7113

Directors List

7. George Pihakis - Director
755 Rinehart Road
Lake Mary, FL 32746
8. Lloyd C. Zobrist - Director
120 Sunset Court
Morton, IL 61550
9. Robert Lee Martin - Director
311 Martin Landing
Jacksboro, TX 76056
10. Lewis Kassis - Director
3310 Ellenmere Drive
Sacramento, CA 95821
11. A. Thomas Frank - Director
19050 Poco Rio
Rio Verde, AZ 85263
12. Dr. Charles Mullenix - Director
702 Waukegan Road
Glenview, IL 60025