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Mar 05 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

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



Principal Place of Business: 755 RINEHART RD, PO BOX 858402, LAKE MARY FL 32785-5402
Mailing Address: 755 RINEHART RD, PO BOX 858402, LAKE MARY FL 32785-8402

3. Date Incorporated or Qualified: 09/28/1981
3a. Date of Last Report: 01/25/1996
4. FEI Number: 63-0708035
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
2a. 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
84 City
85 Zip Code: FL

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 checked="" 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 | PST <input checked="" 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 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: *David C. Thompson* DAVID C. THOMPSON 2/27/97 (407) 321-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)