

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

DOCUMENT # **S63688** (3)

1. Corporation Name

CONSULTING CFO, INC.



Principal Place of Business

**392 CREEK STONE COURT
LONGWOOD FL 32779**

Mailing Address

**392 CREEK STONE COURT
LONGWOOD FL 32779**

3. Date Incorporated or Qualified
06/28/1991

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 **2100 Lee Road**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite F**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 **Winter Park, FL**

City & State

28 City & State

Zip

24 **32789**

Country

25 **Orange**

Zip

29 Zip

Country

30 Country

4. FEI Number

59-3073150

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEFKOWITZ, IVAN M.
430 NORTH MILLS AVENUE
ORLANDO FL 32803**

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PST
SOIFER, TERRY**
STREET ADDRESS **392 CREEK STONE COURT
LONGWOOD FL**
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
SOIFER, TERRY**
STREET ADDRESS **392 CREEK STONE COURT
LONGWOOD FL**
CITY-ST-ZIP

1.2 NAME

TITLE ☐ DELETE

NAME **D
SOIFER, TERRY**
STREET ADDRESS **392 CREEK STONE COURT
LONGWOOD FL**
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **D
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STREET ADDRESS **392 CREEK STONE COURT
LONGWOOD FL**
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
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LONGWOOD FL**
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
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LONGWOOD FL**
CITY-ST-ZIP

2.2 NAME

TITLE ☐ DELETE

NAME **D
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2.3 STREET ADDRESS

TITLE ☐ DELETE

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2.4 CITY-ST-ZIP

TITLE ☐ DELETE

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3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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3.2 NAME

TITLE ☐ DELETE

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4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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4.2 NAME

TITLE ☐ DELETE

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4.3 STREET ADDRESS

TITLE ☐ DELETE

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TITLE ☐ DELETE

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5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
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STREET ADDRESS **392 CREEK STONE COURT
LONGWOOD FL**
CITY-ST-ZIP

5.2 NAME

TITLE ☐ DELETE

NAME **D
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5.3 STREET ADDRESS

TITLE ☐ DELETE

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TITLE ☐ DELETE

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6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
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6.2 NAME

TITLE ☐ DELETE

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6.3 STREET ADDRESS

TITLE ☐ DELETE

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6.4 CITY-ST-ZIP

TITLE ☐ DELETE

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LONGWOOD FL**
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)(h), 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:

Terry Soifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 407-628-5534

Date

Daytime Phone #

CR2E034 (12/95)