FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:21

DOCUMENT # 346844 (4)

1. Corporation Name
CONSOLIDATED ABSTRACT STORAGE, INC.

Principal Place of Business	Mailing Address
111 SW 23RD ST. FT. LAUDERDALE FL 33315-2536	111 SW 23RD ST. FT. LAUDERDALE FL 33315-2536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1969
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26 120 N.E. 4th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Ft. Lauderdale
City & State 23	City & State 28 Fl
Zip 24 / Country 25	Zip 29 33301 / Country 30 USA

4. FEI Number: 59-1275846 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDDLE, ROSS
120 NE 4TH ST.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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.

X SIGNATURE: [signature] 6-5-95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	RIDDLE, ROSS	12 NAME	
STREET ADDRESS	120 NE 4TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PERSAUD, FRED	22 NAME	DELETE XDelete
STREET ADDRESS	290 NE 3RD AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE VP	☒ Change ☐ Addition
NAME	MASSEY, DIANA	32 NAME	TORCHETTI, DIANA
STREET ADDRESS	1295 SW 29TH AVE.	33 STREET ADDRESS	1770 N.W. 65th Street S600
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	Ft. Lauderdale, Fl 33309
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

X SIGNATURE: [signature] 6-5-95 305-764-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0223940 CP