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Jan 09 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 # 475831 (4)

1. Corporation Name
CONSULTANTS COLLABORATIVE, INC.



Principal Place of Business

801 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

Mailing Address

801 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified 04/28/1975
3a. Date of Last Report 05/01/1996

4. FEI Number 59-1651226
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

2a. Mailing Address

26 1232 CASTILE AVE

27 Suite, Apt. #, etc.

28 CORAL GABLES, FL

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HILLMAN-WALLER, LOUIS M
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

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.

SIGNATURE

[Signature]
Signed and printed name of registered agent and fee if applicable

[Signature] Louis M. Hillman-Waller

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

TITLE PSDT
NAME HILLMAN-WALLER, LOUIS M
STREET ADDRESS 901 PONCE DE LEON BLVD. #502
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Louis M. Hillman-Waller 1/6/97 (305) 443-8794

CR2E034 (9/96)