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Mar 11 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 # F12749

(0)

1. Corporation Name

CONSOLIDATED ASSOCIATES, INC.

Principal Place of Business

7819 N DALE MABRY STE 208
TAMPA FL 33614

Mailing Address

7819 N DALE MABRY STE 208
TAMPA FL 33614-3221

3. Date Incorporated or Qualified
12/23/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4951-B East Adamo Dr.

2a. Mailing Address

26 4951-B East Adamo Dr.

4. FEI Number

59-2062504

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 234

Suite, Apt. #, etc.

27 Suite 234

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Tampa FL

City & State

28 Tampa FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33605

Country

25 U.S.A.

Zip

29 33605

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUGEL, EDWARD J.
7819 N. DALE MABRY, STE 208
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name Bugel, Edward J.
82 Street Address (P.O. Box Number is Not Acceptable)
4951-B East Adamo Drive
83 Suite 234
84 City Tampa FL 85 Zip Code 33605

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

Edward J. Bugel

Edward J. Bugel

3/1/97

(Signature typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BUGEL, EDWARD	
STREET ADDRESS	7819 N DALE MABRY ST 208	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZIMBLER, STEPHEN	
STREET ADDRESS	7819 N DALE MABRY ST 208	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bugel Edward	
1.3 STREET ADDRESS	4951-B East Adamo Dr., Suite 234	
1.4 CITY - ST - ZIP	Tampa FL 33605	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zimblee, Stephen	
2.3 STREET ADDRESS	4951-B East Adamo Dr., Suite 234	
2.4 CITY - ST - ZIP	Tampa FL 33605	
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 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:

Edward J. Bugel

3/1/97

(813) 241-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

Daytime Phone

CR2E034 (9/96)