FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F18562

(1)

CONSOLIDATED SOUTHERN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

PO BOX 46407 ST PETERSRURG EL 33 PO BOX 46407

FILED Apr 23 1998 8:00am Secretary of State



ST. PETERSBURG FL 33741		ST. PETERSBURG FL 33741		DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualified	THOL	
					02/06/1981		
2, Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 504	ace of Business 1 36 h Ave. North	26 524 364 A	W. N	cKTh.	59-2352854		Not Applicable
Suite, Apf.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City Schatz	Otexsburg FlA.	28 State	lover	2/4	6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zipa a	Constry.	Zip / E 1/2.5	Country	, / /T ·	This corporation owes or has paid the curr		
24 3376	25 PINE//HS	29 33704 30	0 1/N	ellis		Yes	□No
	g, Name and Address of Current I	legistered Agent	7	, , , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered A	igent	
VALENTINE, EUGENE B1				Name			
524 38TH AVE N			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
ST.PETERSBURG FL 33704			63				
	•		0.5				
	•		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 a OFFICERS AND I			ent signature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TODE IN 19
12. TITLE	D OFFICERS AND I	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Char	
NAME	VALENTINE, DAVID E.		1.2 NAME				
STREET ADDRESS				T ADDRESS			
City-ST-ZIP	ST. PETE. BEACH FL		1.4 CITY-5				
TITLE	P	DELETE	2.1 TITLE	57 211		Char	nge 🔲 Addition
NAME	VALENTINE, EUGENE 22		2.2 NAME				
STREET ADDRESS	824 36TH AVE N		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 TITLE			☐ Char	nge 🔲 Addition
NAME			3.2 NAME	-			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Char	nge 🛄 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	S1-ZIP		П.	
TITLE			5.1 TITLE		4	Char	nge 🔲 Addition
NAME			5.2 NAME		164/2	2	
STREET ADDRESS				T ADDRESS	JC ((8	,	
CITY-ST-ZIP		DELETE	5.4 CITY-5	ST-ZIP		- Libro	nge Addition
TITLE		רין הנרבוב	6.1 TITLE	1	400002433 -04/29/980108200	unar أ	ige
NAME			6.2 NAME		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	L-	
STREET ADDRESS				T ADDRESS	中野では上江東、 25型		•
CITY-ST-ZIP	partify that the information supplied with	this filing does not qualify for	6.4 CITY-:		Section 119.07(3)(i). Florida Statutes, I further ce	rlify tha	t the information

Interest certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(3)(), Florida Statutes. Florida certify that the information indicated on this annual report or suppliemental 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 receiper 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.

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