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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.0 PROFIT FLORIDA DEPARTMENT OF STA											
CORPORATION ANNUAL REPORT 1996				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # F22946 (0) 1. Corporation Name											
COUNSE	l devel	OPMENT SI	ERVICES (COMPANY							
Principal Place of	f Business			Mailing Addres	is.						
100 S. ASHLEY #800	DRIVE			POST OFFICE BOX 1186 TAMPA FL 33601							
TAMPA FL 3360)2								3. Date Incorporated or Qualified 03/11/1981	3a. Date of 05/12	2/1995 Applied For
2. Principal Plac	e of Busine	SS		a. Mailng Ad	dress			ļ	4. FEI Number 59-2281593		Not Applicable
Suite, Apt. #,	etc.		26	Suite, Apt.	#, etc.				5. Certificate of Status Desired		8.75 Additional Fee Required
City & Stale			28	City & Sta	te				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Zrp		Country	29	Zıp		Count	гy		 This corporation has liability for Florida Statutes Yes 	∐ No	
24	o Name	and Address of			nt				10. Name and Address of New F	Registered Ag	ent
	<u> </u>						11 Name	Find	errok J. Bergmano		
BERGMAI	NN, FRED	erick J.				ļ.	32 Street	Addres	entek J. Bergmano ss (P.O. Box Number s Not Acceptal Y W. Harkonniew Av	ole)	
4328 PEA						ŀ	33	380	y w. Mactensew no		
TAMPA F							B4 City	7			85 Zip Code 3 36 11
				007 4500 51	uida Chatata	on the abou	o named 0	_(//m ornora	on submits this statement for the pu	irpose of chang	ing its registered office
11. Pursuant to or registere familiar with	o the provised agent or h, ap acce	ions of Sections (both, in the Stat of the obligations	607.0502 and te of Furria. S s of Section 0	607.1508, FK uch change v 07.0505, Flor	onda Statute /as authoriz da Statutes	es, the above ed by the co	orporation's	s board	ron submits this statement for the pu of directors. Thereby accept the app	oointment as re	gistered agent. I am
SIGNATURE	-/2	Televill!	istore t agent and til	e if applicable					when rou stating?	DATE	
12.	Signal J. Types.		CERS AND DI	RECTORS		13.			ADDITIONS/CHANGES TO OF		Change Addition
TITLE	PST				DELETE	1.10					
NAME		NT, DEREK S.	LUTS			1.2 NA	me Reet address				,
STREET ADDRESS	1	'. Kennedy bi	LVD.				IY-ST-ZIP				
CITY - ST - ZIP	TAMPA	rL		Г]	DELETE	2 1 []		V.1		_	Change M Addition
TITLE	Canada	sick T Bear				2.2 N/	ME	fie	derick J. Bogmann		
NAME STREET ADDRESS	380	rick J. Berg I W Harbor	ימן פייז השטט			2351	REET ACORESS	s 32	denok J. Borgmann 1004 w. Harboryew Ave 11199 H. 33611	-	
CITY-ST-ZIP	Tam	on F1. 3	3611				TY SI-ZIP		mee, f1. 33611		Change Addition
TITLE		V-	-		DELFTE	3 1 1					
NAME	1					32 NJ		.5			
STREET ADDRESS						1	TREET ADDRES: TY-ST-ZIP	,		=	
CITY-ST-ZIP	-				DELETE	4 1 T		_			Change Addition
TITLE				L	,	42 N					
NAME CIDEST ADDRESS						- 1	TREET ADDRESS	55			
STREET ADDRESS						440	11 y - \$1 - 7:P				1 Change Addit o
CITY - ST - ZIP	I				DOCUETE		•• r	1		L.] Change 🔲 Addit o

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated guarantal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated guarantal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the conversation or the repoirer or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address. 6 4 CITY - ST - ZIP

5 1 TITLF

5.2 NAME

6 1 THEF

62 NAME 63 STREET ADDRESS

5.3 STREET ADDRESS

5 4 CITY - ST - ZIP

SIGNATURE:

STREE! ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PINTED RAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DEI ETE

813-837-416Q

4-3096

Change Addition

CR2E034 (12/95)