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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **F30911** **(4)**

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CONSULTEX, INC.

Principal Place of Business	Mailing Address
9576 MAJESTIC WAY BOYNTON BCH. FL 33437 US	9576 MAJESTIC WAY BOYNTON BCH. FL 33437 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1981	03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 101 CARBON HILL CT	26 101 CARBON HILL CT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 APEX NC	City & State 28 APEX NC
Zip 24 27502 Country 25 US	Zip 29 27502 Country 30 US

4. FEI Number 59-2113740 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REID, EDDIE M 9576 MAJESTIC WAY BOYNTON BCH. FL 33437	81 Name EDDIE REID 82 Street Address (P.O. Box Number is Not Acceptable) C/O 6133 BALDER CIRCLE 405 83 84 City BOCA RATON FL 85 Zip Code 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	REID, DEBORAH	12 NAME	REID, DEBORAH	
STREET ADDRESS	9576 MAJESTIC WAY	13 STREET ADDRESS	101 CARBON HILL CT	
CITY-ST-ZIP	BOYNTON BCH. FL	14 CITY-ST-ZIP	APEX, NC, 27502	
TITLE	DP	21 TITLE	DP	☒ Change ☐ Addition
NAME	REID, EDDIE M	22 NAME	REID, EDDIE M	
STREET ADDRESS	9576 MAJESTIC WAY	23 STREET ADDRESS	101 CARBON HILL CT	
CITY-ST-ZIP	BOYNTON BCH. FL	24 CITY-ST-ZIP	APEX, NC. 27502	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
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)(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: Eddie Reid 5/9/95 919-362-8911
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0264648 CP