

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F62957** (8)

1. Corporation Name

**CONSOLIDATED REALTY HOLDINGS (U.S.), INC.**



Principal Place of Business

Mailing Address

1130 ESTERO BLVD.  
FT MYERS BEACH FL 33931

6200 GULF BLVD  
ST PETERSBURG FL 33706  
US

3. Date Incorporated or Qualified  
**01/12/1982**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

**g. Name and Address of Current Registered Agent**  
  
**KOTSOPoulos, JAMES**  
**5662 JEREZ COURT**  
**FORT MYERS FL 33917**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 29/96*  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOTSOPoulos, LOUIS	
STREET ADDRESS	30 KATHROSE DRIVE	
CITY-ST-ZIP	WILLOWDALE,ONT.,CA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KOTSOPoulos, LOUIS	
STREET ADDRESS	30 KATHROSE DRIVE	
CITY-ST-ZIP	WILLOWDALE,ONT.,CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTSOPoulos, JAMES	
STREET ADDRESS	5662 JEREZ COURT	
CITY-ST-ZIP	FT MYERS FL	
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		

1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>V Doreen Radich</i>
13 STREET ADDRESS	<i>6200 GULF BLVD</i>
14 CITY-ST-ZIP	<i>ST. PETE BEACH, FL</i>
2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>V Karen DeMont</i>
23 STREET ADDRESS	<i>6200 GULF BLVD</i>
24 CITY-ST-ZIP	<i>ST. PETE BEACH, FL</i>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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

*April 29/96* (813) 367-1902  
Date Daytime Phone #

CR2E034 (12/95)