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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 3:09

DOCUMENT # F77028 (1)

1. Corporation Name
CONSOLIDATED MANAGEMENT SERVICES OF FLORIDA, INC

Principal Place of Business	Mailing Address
6014 S. E. FRANKLIN PLACE HOBE SOUND FL 33455	6014 S. E. FRANKLIN PLACE HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0017312 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

URGO, GEORGE E.
6014 S. E. FRANKLIN PLACE
HOBE SOUND 33455

10. Name and Address of New Registered Agent

81 Name: Vincent J. Rotondo, Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 5004 S.E. Lost Lake Way
83
84 City: Hobe Sound FL 85 Zip Code: 33455

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: Vincent J. Rotondo, Sr. Vincent J. Rotondo, Sr. Pres. 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROTONDO, JOHN A.	1.2 NAME	
STREET ADDRESS	180 SAUGATUCK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROTONDO, VINCENT J. SR.	2.2 NAME	
STREET ADDRESS	180 SAUGATUCK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROTONDO, LOUISE C.	3.2 NAME	
STREET ADDRESS	180 SAUGATUCK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	ROTONDO, LOUISE C.	4.2 NAME	
STREET ADDRESS	180 SAUGATUCK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Vincent J. Rotondo, Sr. Vincent J. Rotondo, Sr. 1/18/95 407-220-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268204 CP