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 # F77028 (1)

1. Corporation Name

CONSOLIDATED MANAGEMENT SERVICES OF FLORIDA, INC

Principal Place of Business: 6014 S. E. FRANKLIN PLACE, HOBE SOUND FL 33455

Mailing Address: 6014 S. E. FRANKLIN PLACE, HOBE SOUND FL 33455

3. Date Incorporated or Qualified: 04/20/1982
3a. Date of Last Report: 01/26/1995
4. FEI Number: 65-0017312 ☐ 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

2. Principal Place of Business
21 5004 S.E Lost Lake Way
Suite, Apt. #, etc.
22 Hobe Sound, Fla
City & State
23 Hobe Sound, Fla
Zip
24 33455
Country
25 Martin

2a. Mailing Address
26 5004 S E Lost Lake Way
Suite, Apt. #, etc.
27
City & State
28 Hobe Sound, Fla
Zip
29 33455
Country
30 Martin

9. Name and Address of Current Registered Agent

ROTONDO, VINCENT J SR
5004 SE LOST LAKE WAY
HOBE SOUND FL 33455

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: Vincent J Rotondo SR — DATE: 1/26/96

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	VD	☐ DELETE
NAME	ROTONDO, JOHN A.	
STREET ADDRESS	180 SAUGATUCK AVE	
CITY ST ZIP	WESTPORT CT	
TITLE	PD	☐ DELETE
NAME	ROTONDO, VINCENT J. SR.	
STREET ADDRESS	180 SAUGATUCK AVENUE	
CITY ST ZIP	WESTPORT CT	
TITLE	VD	☐ DELETE
NAME	ROTONDO, LOUISE C.	
STREET ADDRESS	180 SAUGATUCK AVENUE	
CITY ST ZIP	WESTPORT CT	
TITLE	ST	☐ DELETE
NAME	ROTONDO, LOUISE C.	
STREET ADDRESS	180 SAUGATUCK AVE	
CITY ST ZIP	WESTPORT CT	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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)(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: Vincent J Rotondo SR — 1/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)