FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

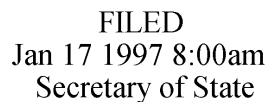
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F77028

(1)

CONSOLIDATED MANAGEMENT SERVICES OF FLORIDA, INC





| Principal Pla | ace of Business | Mailing Address | | | |) radisem istr eadst jähtii dätird sinds vari dimis kläks dinen dinait kintr dirait indi | | | |
|---|--|----------------------------|--|---------|----------------------------------|--|-----------------|---------------|-------------|
| 5004 S.E LOST LAKE WAY HOBE SOUND FL 33455 | | 5004 S.E LOST LAKE WA | 5004 S.E LOST LAKE WAY HOBE SOUND FL 33455-8115 | | | | | | |
| US | | US | • | | | 3. Date Incorporated or Qualified 04/20/1982 | | e of Last 1 | Report |
| 2. Principal | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 | | Applied For |
| 21 | | 26 | | | | 65-0017312 Not Applicable | | | |
| Suite, Ap | it #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | | |
| City & Sta | ate | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | l to Fees |
| Zip | Country | Zφ | | untry | | 8. This corporation has liability for in | | | s. 199.032, |
| 24 | 9. Name and Address of Curren | 29 Agent | 30 | Τ | | Florida Statutes 10. Name and Address of New Reg | | No | |
| DC | OTONDO, VINCENT J SR | it negistered Agent | ····· | 81 | Name | (U. Maine and Address of New May | HOLDIOU M | Aostr | |
| | 04 SE LOST LAKE WAY | | | | | | | | |
| | DBE SOUND FL 33455 | | 82 Stre | | | ress (P.O. Box Number is Not Acceptab | le) | | |
| 110 | 7DE 000ND 1 E 00100 | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| SIGNATURE | am familiar with, and accept the obligation of t | nt and the Tapp-icable (NC | | ad Ager | | red when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE ERS AND | DIRECTO | PRS IN 12 |
| TITLE | VD | DELETE | 1.1 T | | | | | Change | |
| NAME | ROTONDO, JOHN A. | | 1.2 N | IAME | | | | | |
| STREET ADDRESS | | | 1.3 S | TREET | ADDRESS | | | | |
| CITY - ST - 715 | WESTPORT CT | | 1.4 0 | ITY-ST | r-ZIP | | | | |
| TITLE | PO | ☐ DELETE | 2.1 T | IILE | | | | Change | Addition |
| NAME | ROTONDO, VINCENT J. SR. | | 2.2 N | IAME | Į | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | WESTPORT CT | Perete | | CITY-S | 1-ZIP | | | Change | Addition |
| TITLE | ROTONDO, LOUISE C. | ☐ DELETE | 3.1 T | | | | I | L Change | Addition |
| NAME STREET ADDRESS | AND DALIDATINGS AUCKLIE | | 3.2 N | | AUUBESE | | | | |
| CITY-ST-2IP | WESTPORT CT | | 1 | CITY-S | ADDRESS | | | | |
| TITLE | ST | DELETE | 3.4. t | | 1-41 | | | Change | Addilion |
| NAME | ROTONDO, LOUISE C. | | | NAME | | | • | | |
| STREET ADDRESS | 400 CALICATION AVE | | | | ADDRESS | · | | | |
| CITY-ST-ZIP | WESTPORT CT | | | CITY-ST | . | | | | |
| TITLE | | ☐ DELETE | 5.17 | | | | | Change | Addition |
| NAME | | | 5.2 N | NAME | | | | | |
| STREET ADDRESS | s | | 5.3 S | TREET. | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 0 | CITY-SI | r-ZIP | | | | |
| TITLE | | ☐ DELETE | 61T | ITLE | | | | Change | Addition |
| NAME | | | 62 N | IAME | - | | | | |
| STREET ADDRESS | s (| | 635 | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 640 | DITY-ST | r-ZiP | | | | |

14. I do hereby certify that the information supplied with this filing 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 on Block 13 if changed, or on an attachment with an address.

SIGNATURE

MOUNT STORE OF SIGNING OFFICER OF CHRECTOR

1/6/97 Date 407-220 4748 Davime Phone #

Phone #