

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000330 (1)

1. Corporation Name

CONSOLIDATED AFFILIATES, INC.



Principal Place of Business

2 GERMAK DR.
CARTERET NJ 07008

Mailing Address

2 GERMAK DR.
CARTERET NJ 07008

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21

State, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of officer or director or registered agent (if not the registered agent)

Signature of Registered Agent (signature required when not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

DELETE

NAME

LETTS, CRAIG W.

STREET ADDRESS

2 GERMAK DR.

CITY, ST, ZIP

CARTERET NJ

TITLE

V

DELETE

NAME

STAFFORD, BARRY C.

STREET ADDRESS

2 GERMAK DR.

CITY, ST, ZIP

CARTERET NJ

TITLE

ST

DELETE

NAME

FERRARA, VIRGINIA C.

STREET ADDRESS

2 GERMAK DR.

CITY, ST, ZIP

CARTERET NJ

TITLE

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

9089694598

Date

Daytime Phone #

CR2E034 (12/95)