

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 25 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005551 (7)**

1. Corporation Name

**CONSOLIDATED INTERNATIONAL GROUP, INC.**

Principal Place of Business

1415 FOULK ROAD  
FOULKSTONE PLAZA, STE. 100  
WILMINGTON DE 19803

Mailing Address

1415 FOULK ROAD  
FOULKSTONE PLAZA, STE. 100  
WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/07/1993** 3a. Date of Last Report **04/20/1994**

4. FEI Number **51-0340034** 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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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 **D**  
NAME **ROTHMAN, ROBERT**  
STREET ADDRESS **15310 AMBERLY DR., STE. 315**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **Chairman, CEO, Director**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **100 N. Tampa Street, Suite 3600**  
1.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **C** **\*\*\* Delete \*\*\***  
NAME **ROTHMAN, JOSEPH G**  
STREET ADDRESS **1415 FOULK ROAD, FOULKSTONE PLAZA, #100**  
CITY-ST-ZIP **WILMINGTON DE 19803-2768**

2.1 TITLE **Sr. VP, CIO, Treasurer**  Change  Addition  
2.2 NAME **Michael C. Auger**  
2.3 STREET ADDRESS **100 N. Tampa Street, Suite 3600**  
2.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D**  
NAME **BUCHANAN, KIM P**  
STREET ADDRESS **8875 HIDDEN RIVER PKWY., STE. 350**  
CITY-ST-ZIP **TAMPA FL 33637**

3.1 TITLE **Exec. VP, CFO, Director**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **100 N. Tampa Street, Suite 3600**  
3.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **P** **\*\*\*\*\* Delete \*\***  
NAME **YOUSSEF, SHAKER A**  
STREET ADDRESS **1415 FOULK ROAD, FOULKSTONE PLAZA, #100**  
CITY-ST-ZIP **WILMINGTON DE 19803-2768**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  
NAME **GIBBS, THOMAS E**  
STREET ADDRESS **50 N. LAURA ST., 28TH FL.**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

5.1 TITLE **President, COO, Director**  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **CD** **\*\*\* Delete \*\*\***  
NAME **MURPHY, JOSEPH F**  
STREET ADDRESS **1415 FOULK RD., STE. 100, FOULKSTONE PLAZA**  
CITY-ST-ZIP **WILMINGTON DE 19803-2768**

6.1 TITLE **Vice President, Secretary**  Change  Addition  
6.2 NAME **Deanna Voss**  
6.3 STREET ADDRESS **1415 Foulk Road, Suite 100**  
6.4 CITY-ST-ZIP **Wilmington, DE 19803**

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 110.07(3)(b), 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:

*Deanna Voss*

Deanna Voss

3/1/95

(302)477-5979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number