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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000005551 (7)

1. Corporation Name

CONSOLIDATED INTERNATIONAL GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1415 FOULK ROAD
SUITE 205
WILMINGTON DE 19803
US

1415 FOULK ROAD
SUITE 205
WILMINGTON DE 19803
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/07/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 form applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME ROTHMAN, ROBERT
STREET ADDRESS 16057 TAMPA BLVD W BOX 198
CITY-ST-ZIP TAMPA FL

TITLE SVP ☐ DELETE

NAME BEALE, CHARLES L.
STREET ADDRESS 1415 FOULK RD FOULSTONE PLAZA #205
CITY-ST-ZIP WILMINGTON DE

TITLE EVP ☐ DELETE

NAME BUCHANAN, KIM P
STREET ADDRESS 6211 EMMONS LAE
CITY-ST-ZIP TAMPA FL

TITLE PCOO ☒ DELETE

NAME YOUSSEF, SHAKER A
STREET ADDRESS 1415 FOULK RD FOULSTONE PLAZA 205
CITY-ST-ZIP WILMINGTON DE

TITLE VCD ☐ DELETE

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

TITLE VPS ☐ DELETE

NAME VOSS, DEANNA
STREET ADDRESS 11415 FOULK RD FOULSTONE PLAZA #205
CITY-ST-ZIP WILMINGTON DE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS One Landmark Square
2.4 CITY-ST-ZIP Stamford, CT 06901

3.1 TITLE EVP/D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675
3.4 CITY-ST-ZIP

4.1 TITLE P/CEO/D ☐ Change ☒ Addition

4.2 NAME Peter R. Porriano
4.3 STREET ADDRESS One Landmark Square
4.4 CITY-ST-ZIP Stamford, CT 06901

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 1415 Foulk Road, Suite 205
6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)