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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005403 (9)

1. Corporation Name

CONSOLIDATED INTERNATIONAL SERVICES, INC.

Principal Place of Business

1415 FOULK RD., #100
WILMINGTON DE 19803

Mailing Address

1415 FOULK RD
SUITE 100
WILMINGTON DE 19803-2727
US

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
#205
22 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
#205
27 City & State

4. FEI Number

51-0369840

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

C T 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PDC	ROTHMAN, ROBERT	100 N. TAMPA ST., #3800	TAMPA FL 33602	<input type="checkbox"/>
VTD	BUCHANAN, KIM P	100 N. TAMPA ST., #3800	TAMPA FL 33602	<input type="checkbox"/>
V	BEALE, CHARLES L	1415 FOULK RD., #100, FOULKSTONE PLAZA	WILMINGTON DE 19803	<input type="checkbox"/>
VS	VOSS, DEANNA	1415 FOULK RD., #100, FOULKSTONE PLAZA	WILMINGTON DE 19803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CCEO D		16057 Tampa Blvd w., Box 198	Tampa, FL 33647	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EVP TD		6211 Emmons Lane	Tampa, FL 33647	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVP		#205		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPS		#205		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCOOD	Shaker A. Youssef	1415 Foulk Rd., #205, Foulkstone Plaza	Wilmington, DE 19803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008476

CR2E034 (9/96)