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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

045332

DOCUMENT # F98000000766

1. Corporation Name

CONSOLIDATED INTERNATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
1415 FOULK RD. STE 205 WILMINGTON DE 19803	1415 FOULK RD. STE 205 WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed **02/09/1998**	
21	26	4. FEI Number **APPLIED FOR** 52-2078905	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T 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 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 PD NAME ROTHMAN, ROBERT STREET ADDRESS 100 N TAMPA STREET, STE 3675 CITY-ST-ZIP TAMPA FL ☐ DELETE	1.1 TITLE C/P/CEO/ D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Tampa, FL 33602 ☑ Change ☐ Addition
TITLE VD NAME BUCHANAN, KIM P STREET ADDRESS 100 N TAMPA STREET, STE 3675 CITY-ST-ZIP TAMPA FL ☐ DELETE	2.1 TITLE EVP/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Tampa, FL 33602 ☑ Change ☐ Addition
TITLE VT NAME GARTHWAITE, JOHN R STREET ADDRESS 100 N TAMPA STREET, STE 3675 CITY-ST-ZIP TAMPA FL ☐ DELETE	3.1 TITLE VP/T 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Tampa, FL 33602 ☑ Change ☐ Addition
TITLE V NAME BEALE, CHARLES L STREET ADDRESS 1415 FOULK RD, STE 205 CITY-ST-ZIP WILMINGTON DE ☐ DELETE	4.1 TITLE SVP 4.2 NAME 4.3 STREET ADDRESS 100 N. Tampa Street, Suite 3675 4.4 CITY-ST-ZIP Tampa, FL 33602 ☑ Change ☐ Addition
TITLE VS NAME VOSS, DEANNA STREET ADDRESS 1415 FOULK RD, STE 205 CITY-ST-ZIP WILMINGTON DE ☐ DELETE	5.1 TITLE VP/S 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Wilmington, DE 19803 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE VC/D 6.2 NAME Gibbs, Thomas E. 6.3 STREET ADDRESS 50 N. Laura Street, Suite 2800 6.4 CITY-ST-ZIP Jacksonville, FL 32202 ☐ Change ☑ Addition

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, with all other like empowered.

SIGNATURE: _____ Deanna Voss 3/29/99 302/477-5979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)