

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90088 050 ***150.00

DOCUMENT # F98000000767

1. Corporation Name

CONSOLIDATED INTERNATIONAL MANAGEMENT COMPANY

Principal Place of Business

1415 FOULK RD., STE 205
WILMINGTON DE 19803

Mailing Address

1415 FOULK RD., STE 205
WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

APPLIED FOR 52-2078904

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 the current year Intangible
Personal Property Tax.

☐ 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

12

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ROTHMAN, ROBERT
CITY-ST-ZIP 100 N TAMPA STREET, STE 3675
TAMPA FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS BUCHANAN, KIM P
CITY-ST-ZIP 100 N TAMPA STREET, STE 3675
TAMPA FL

TITLE ☐ DELETE

NAME VT
STREET ADDRESS GARTHWAITE, JOHN R
CITY-ST-ZIP 100 N TAMPA STREET, STE 3675
TAMPA FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS BEALE, CHARLES L
CITY-ST-ZIP 1415 FOULK ROAD, STE 205
WILMINGTON DE

TITLE ☐ DELETE

NAME VS
STREET ADDRESS VOSS, DEANNA
CITY-ST-ZIP 1415 FOULK ROAD, STE 205
WILMINGTON DE

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 C/P/CEO/D

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EVP/D

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VP/T

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Tampa, FL 33602

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SUP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 100 N. Tampa Street, Suite 3675
Tampa, FL 33602

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME VPI

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Wilmington, DE 19803

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VC/D

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Gibbs, Thomas E.
50 N. Laura Street, Suite 2800
Jacksonville, FL 32202

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99

302/477-5979

CR2E034 (1/98)