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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90025 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001980

1. Corporation Name

CONSOLIDATED INTERNATIONAL SERVICES II, INC.

Principal Place of Business

1415 FOULK ROAD, SUITE 205
WILMINGTON DE 19803

Mailing Address

1415 FOULK ROAD, SUITE 205
WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

APPLIED FOR 51-0379968

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEOP ☐ DELETE
NAME ROTHMAN, ROBERT
STREET ADDRESS 100 N. TAMPA STREET SUITE 3675
CITY-ST-ZIP TAMPA FL 33602

TITLE VCD ☐ DELETE
NAME GIBBS, THOMAS E
STREET ADDRESS 50 N. LAURA STREET SUITE 2800
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE EVD ☐ DELETE
NAME BUCHANAN, KIM P
STREET ADDRESS 100 N. TAMPA STREET SUITE 3675
CITY-ST-ZIP TAMPA FL 33602

TITLE V ☐ DELETE
NAME BEALE, CHARLES L
STREET ADDRESS 1415 FOULK ROAD SUITE 205
CITY-ST-ZIP WILMINGTON DE 19803

TITLE VT ☐ DELETE
NAME GARTHWAITE, JOHN R
STREET ADDRESS 100 N. TAMPA STREET SUITE 3675
CITY-ST-ZIP TAMPA FL 33602

TITLE VS ☐ DELETE
NAME VOSS, DEANNA
STREET ADDRESS 1415 FOULK ROAD SUITE 205
CITY-ST-ZIP WILMINGTON DE 19803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/CEO/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE EVP/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SVP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 100 N. Tampa street, Suite 3675
4.4 CITY-ST-ZIP Tampa, FL 33602

5.1 TITLE VP/T ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE VP/S ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Deanna Voss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

302/477-5979

Daytime Phone #

CR2E034 (11/98)

0545335