

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G26450** (8)

1. Corporation Name

**CONSUTEC, INC.**

Principal Place of Business

Mailing Address

**3825 HENDERSON BLVD., SUITE 500  
TAMPA FL 33620**

**5835 MEMORIAL HWY  
SUITE 15  
TAMPA FL 33615-5005  
US**



2. Principal Place of Business

2a. Mailing Address

**21 5835 Memorial Hwy.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 15**

**27**

City & State

City & State

**23 Tampa, FL**

**28**

Zip

Country

Zip

Country

**24 33615**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/03/1983**

**03/06/1995**

4. FEI Number

Applied For

**59-2269651**

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

~~JOHNSON, H. EUGENE~~  
~~THE NORTH TAMPA CENTER~~  
~~715 E. BIRD STREET, SUITE 400~~  
~~TAMPA FL 33604~~

10. Name and Address of New Registered Agent

81 Name

**Ray Ochotorena**

82 Street Address (P.O. Box Number is Not Acceptable)

**5835 Memorial Hwy.**

83

**Suite 15**

84 City

**Tampa**

85

Zip Code

**33615**

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

*Ray Ochotorena*

**Ray Ochotorena, Pres.**

**4-4-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ DELETE  
NAME **OCHOTORENA, RAY**  
STREET ADDRESS **7200 FLOWERSFIELD DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VS** ☐ DELETE  
NAME **KRAWCZYK**  
STREET ADDRESS **13147 GREENGAGE LN.**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**4-4-96**

**813-8897181**

DATE

DAYTIME PHONE #

CR2E034 (12/95)