

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 # **J17794 (5)**
1. Corporation Name
CONSULTANTS INTERNATIONAL, INC.



Principal Place of Business C/O MR. GARY LOCKE 5100 N. OCEAN BLVD. APT 1111 FT. LAUDERDALE FL 33308 US	Mailing Address C/O MR. GARY LOCKE 5100 N. OCEAN BLVD APT 1111 FT. LAUDERDALE FL 33308 US
--	---

2. Principal Place of Business 21 1940 BAY DRIVE	2a. Mailing Address 26 1940 BAY DRIVE	3. Date Incorporated or Qualified 06/05/1986	3a. Date of Last Report 04/14/1995
Suite, Apt. #, etc. 22 APT. 20	Suite, Apt. #, etc. 27 APT. 20	4. FEI Number 66-0438257	Applied For Not Applicable
City & State 23 Miami Beach, FL	City & State 28 Miami Beach, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33141	Country 25	Zip 29 33141	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LOCKE, GERARD J 5100 N. OCEAN BLVD APT 1111 FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name MR. WAYNE BIXLER	
		82 Street Address (P.O. Box Number is Not Acceptable) 1940 BAY DRIVE	
		83 APT. 20	
		84 City Miami Beach	85 Zip Code FL 33141

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: Wayne Bixler DATE: 3/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIXLER, RALPH W. 5100 N. OCEAN BLVD APT 1111 FT. LAUDERDALE FL	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD BIXLER, RALPH W. 1940 BAY DRIVE APT. 20 MIAMI, BEACH, FL. 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 asterisk.

SIGNATURE: Ralph W. Bixler DATE: 3/14/96 DAYTIME PHONE #: 709-721-1899
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)