

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # J99267 (3)

1. Corporation Name  
CONSUMERS DELIVERY, INC.

Principal Place of Business  
C/O JAMES R. CLARKE  
1425 S.W. 1ST COURT, BAY 19  
POMPANO BEACH FL 33069

Mailing Address  
C/O JAMES R. CLARKE  
1425 S.W. 1ST COURT, BAY 19  
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified 10/28/1987 3a. Date of Last Report 03/21/1995

2. Principal Place of Business  
21 700 ATLANTIS ROAD  
Suite, Apt. #, etc.  
22 Suite 103  
City & State  
23 Melbourne, FL.  
Zip Country  
24 32901  
25  
2a. Mailing Address  
26 700 ATLANTIS ROAD  
Suite, Apt. #, etc.  
27 Suite 103  
City & State  
28 Melbourne, FL.  
Zip Country  
29 32901  
30

4. FEI Number 65-0024814 Applied For Not Applicable

5. Certificate of Status Desired X \$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARKE, JAMES R.  
1425 S.W. 1ST COURT  
BAY 19  
POMPANO BEACH FL 33069

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 the date of filing

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST  
NAME MILLER, WALTER C.  
STREET ADDRESS 1425 S.W. 1ST CT. BAY 19  
CITY-ST-ZIP POMPANO BEACH FL  
P  
TITLE CLARKE, JAMES R.  
NAME CLARKE, JAMES R.  
STREET ADDRESS 1425 S.W. 1ST CT. BAY 19  
CITY-ST-ZIP POMPANO BEACH FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
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:

James R. Clarke - James R. Clarke

4/12/96

407 676-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)