FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 5:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K08193** **(0)**

1. Corporation Name
CONSOLIDATED COMMUNITY MANAGEMENT, INC.

500001492485
-05/17/95--01180--001
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2898 UNIVERSITY DRIVE CORAL SPRINGS FL 33065-4004 US	2898 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business	2a. Mailing Address
21 7686 Wiles Rd	26 7686 Wiles Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs Fl	City & State 28 Coral Springs Fl
Zip 24 33067 Country 25 USA	Zip 29 33067 Country 30 USA

4. FEI Number: 65-0023922 ☐ 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 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
MILES, JAMES 2898 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	81 Name: James Miles 82 Street Address (P.O. Box Number is Not Acceptable): 7686 Wiles Road 83 City: Coral Springs 84 City: FL 85 Zip Code: 33067

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 _____ (NOTE: Registered Agent signature required when revoking) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	PTD ☐ Change ☐ Addition
NAME	MILES, JAMES	12 NAME	Miles, James
STREET ADDRESS	2898 UNIVERSITY DRIVE	13 STREET ADDRESS	7686 Wiles Road
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	Coral Springs Fl. 33067
TITLE	VSD	21 TITLE	VSD ☐ Change ☐ Addition
NAME	MILES, JAMES	22 NAME	Miles, Maria
STREET ADDRESS	2898 UNIVERSITY DRIVE	23 STREET ADDRESS	7686 Wiles Road
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	Coral Springs, Fl. 33067
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	TRD ☐ Change ☐ Addition
NAME		52 NAME	5-1-95
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010505 CP