

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 15 AM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K08193

1. Corporation Name

Consolidated Community Management, Inc.

Principal Place of Business

76

Mailing Address

7686 WILES ROAD  
CORAL SPRINGS FL 33067-2069

2. Principal Place of Business

2a. Mailing Address

21 7686 Wiles Road

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Coral Springs FL

27

City & State

City & State

23

28

24 Zip 33067

Country

Zip

Country

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

65-0290931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

81 Name

James P. Miles

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

7686 Wiles Road

83

Coral Springs FL

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

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 ☐ 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

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

Maria Miles - Pres. ☒ Change ☐ Addition

1.2 NAME

7686 Wiles Rd

1.3 STREET ADDRESS

Coral Springs FL

1.4 CITY - ST - ZIP

2.1 TITLE

James Miles VP, S, T. ☒ Change ☐ Addition

2.2 NAME

7686 Wiles Road

2.3 STREET ADDRESS

Coral Springs FL 33067

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

400002241774-1

3.3 STREET ADDRESS

-07/18/97-01098-025

3.4 CITY - ST - ZIP

\*\*\*\*165.00 \*\*\*\*165.00

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

1-1-97

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY - ST - ZIP

14. I do 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.

CR2E034 (9/96)