

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

DOCUMENT # **K54250** (1)
1. Corporation Name
CONSOLIDATED ENTERPRISES, INC.



Principal Place of Business 380 S. STATE ROAD 434 SUITE 155 ALTAMONTE SPRINGS FL 32714		Mailing Address 380 S. STATE ROAD 434 SUITE 155 ALTAMONTE SPRINGS FL 32714		3. Date Incorporated or Qualified 12/28/1988		3a. Date of Last Report 06/12/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3065491		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				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 HUDSON, STEPHEN A. 540 RIDGEVIEW WAY ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent			
				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 _____ (Date) _____							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 407 877-4015

CR2E034 (12/95)