PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K70182					
1. Corporation Name CONSOLIDATED BUSINESS VENTURES, INC.					
COMPOSIDATED BUSINESS VENTURES, INC.				1 10010111 011 10011 80181 11001 10110 1101 6101	I BIDIK BIBIK BIBIK BIBIK BIBIK IBAN
Principal Place	of Business	Mailing Address			I BIBIT ATATI BIBIT STATT STATE TODE
3787 OLD MIDDI		3787 OLD MIDDLEBURG RD	•		
3		3		DO NOT WOITE IN TH	HE EDACE
JACKSONVILLE	FL 32210	JACKSONVILLE FL 32210 US		DO NOT WRITE IN TH	IIS SPACE
US		03		03/03/1989	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 (20 (antechuru Ct	26 60 Canterk	ひいていても、毎	59-2939889	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	7	5. Certifcate of Status Desired	\$8.75 Additional
22 #86	04	27 #8604		J. Contractor of Charles	Fee Required
City & State		City & State	-V =1	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Oran		28 Urange Mo	Country FL	Trust Fund Contribution	
Zip	Country	^{Zip} 320/05 30	م منا	This corporation owes the current year Personal Property Tax.	Yes XNo
24 3 a O U	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registere	
-	5. Name and Address of Carrent		81 Name		
BASS, ROBERT W. 82 Street Addre				SS, ROBERT W. Address (P.O. Box Number is Not Acceptable)	
3 787 OLD MIDDLEBURG R D.			1160	Canterbury Ct.	
SUITE 3			Hala		
JACKSONVILLE FL 32210 - 84 City					85 Zip Code
					·L 3ゑ065
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, Profide Statutes.					
SIGNATURE Robert W. Bass April 19, 1999					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required				ADDITIONS/CHANGES TO OFFICERS	
12.	PD OFFICERS AND	DELETE	13.	ADDITIONS/OFFARDES TO OFF ISERE	Change Addition
NAME	BASS, ROBERT W.	*** · _	1.2 NAME		
STREET ADDRESS	3787 OLD MIDDLEBURG RD		1.3 STREET ADDRESS	60 Canterbury Ct., #	864
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Orange Park, FL	32065
TITLE	STD	☐ DELETE	2.1 TITLE	0	Change Addition
NAME	BASS, CARON S.		2.2 NAME	_	
STREET ADDRESS	3787 OLD MIDDLEBURG RD		2.3 STREET ADDRESS	60 Canterbury Ct., #	864
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Orange Park, FL 3	<u>2065</u>
_TITLE	-VP	- DELETE	3.1 mtE		Charige Addition
NAME	SCHRIEFER, FRED E.		3.2 NAME	o ا مین در مایی ∩ ب	4.14
STREET ADDRESS	3787 OLD MIDDLEBURG RD		3.3 STREET ADDRESS	60 Canterbury Ct., #8	07
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	3.4. CITY-ST-ZIP	Orange Park, FL 30	Change ☐ Addition
TITLE	VP		4.1 TITLE 4.2 NAME	orange Park, FL 35	A
NAME	MCMAHON, STEPHEN G		4.2 NAME	100 Caraba as 11 10 Caraba	8 In IJ
STREET ADDRESS	3787 OLD MIDDLEBURG RD		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	OVA THE BURY CT.) #	32065
CITY-ST-ZIP	JACKSONVILLE FL VP	DELETE	5.1 TITLE	Orange Park, FL	Change Addition
NAME	SCOTT, LEE C	A	5.2 NAME)
STREET ADDRESS	3787 OLD MIDDLEBURG ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITE	WIGHTHELE I E	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

14. 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90053 034 ***158.75