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
AR
FILED

[illegible] 11:30

TALLAHASSEE, FLORIDA

DOCUMENT # **L19535** **(8)**

1. Corporate Name

CONSULTING & COMPLIANCE, INC.

Principal Place of Business	Mailing Address
14076 TROUVILLE DRIVE TAMPA FL 33624	14076 TROUVILLE DRIVE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1989**	3a. Date of Last Report: **06/30/1994**
4. FEI Number: **65-0147912**	☐ 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	

21 Principal Place of Business — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

26 Mailing Address — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

9. Name and Address of Current Registered Agent

DURKIN, WILLIAM H.
106 W. WINDHORST DRIVE
SUITE 101
BRANDON FL 33510

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: [illegible] (Registered Agent's signature required if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	11 TITLE	☐ Change ☐ Addition
32 NAME	JANNOUN, SAEB M.	12 NAME	
33 STREET ADDRESS	14076 TROUVILLE DRIVE	13 STREET ADDRESS	
34 CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
35 TITLE		21 TITLE	☐ Change ☐ Addition
36 NAME		22 NAME	
37 STREET ADDRESS		23 STREET ADDRESS	
38 CITY-ST-ZIP		24 CITY-ST-ZIP	
39 TITLE		31 TITLE	☐ Change ☐ Addition
40 NAME		32 NAME	
41 STREET ADDRESS		33 STREET ADDRESS	
42 CITY-ST-ZIP		34 CITY-ST-ZIP	
43 TITLE		41 TITLE	☐ Change ☐ Addition
44 NAME		42 NAME	
45 STREET ADDRESS		43 STREET ADDRESS	
46 CITY-ST-ZIP		44 CITY-ST-ZIP	
47 TITLE		51 TITLE	☐ Change ☐ Addition
48 NAME		52 NAME	
49 STREET ADDRESS		53 STREET ADDRESS	
50 CITY-ST-ZIP		54 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We hereby) certify that the information supplied with this filing is absolutely true and correct, 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 added above.

SIGNATURE: [signature] SAEB JANNOUN 4-26-95 813 963 0499
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0000806 CP