FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L94441** **(7)**

1. Corporation Name

CORPORATE CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
150 E. PALMETTO PARK RD. SUITE 641 BOCA RATON FL 33432 US	150 E. PALMETTO PARK BLVD. SUITE 641 BOCA RATON FL 33432 US

2. Principal Place of Business	2a. Mailing Address
21 555 So. Federal Highway	26 555 So. Federal Highway
Suite, Apt. #, etc. 22 Suite 330	Suite, Apt. #, etc. 27 Suite 330
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33432 Country 25 US	Zip 29 33432 Country 30 U.S.

3. Date Incorporated or Qualified: **08/17/1990**

3a. Date of Last Report: **02/10/1995**

4. FEI Number: **65-0283726** ☐ 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

HAIMOWITZ, HAROLD
150 E PALMETTO PARK RD., SUITE 641
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 555 So. Federal Highway

83 Suite 330

84 City: Boca Raton **FL** 85 Zip Code: 33432

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAIMOWITZ, HAROLD		1.2 NAME		
STREET ADDRESS	6638 THORNHILL COURT		1.3 STREET ADDRESS	401 N.E. Mizner Blvd., Apt. PH-804	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, JAMES, ESQ.		2.2 NAME		
STREET ADDRESS	1900 CORPORATE BLVD NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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] Pres. 4/3/96 (407) 394-4226

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