

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M56843** (9)  
1. Corporation Name  
**CONSOLIDATED NATIONAL HOLDING CORPORATION**



Principal Place of Business

Mailing Address

% CLIFFORD BLOMGREN  
2765 N.E. 4TH STREET  
BOCA RATON FL 33431

% CLIFFORD BLOMGREN  
2765 N.E. 4TH STREET  
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 **1725 NW MADRID**

26 **1725 NW Madrid Way**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**BOCA RATON, FL**

**BOCA RATON, FL**

24 Zip

29 Zip

**33432**

**33432**

25 Country

30 Country

**PALM BEACH**

**PALM BEACH**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**08/05/1987**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**65-0003400**

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

10. Name and Address of New Registered Agent

BLOMGREN, CLIFFORD  
2765 NE 4TH ST.  
BOCA RATON FL 33431

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 607.0506, Florida Statutes.

SIGNATURE

*Clifford C. Blomgren*

**CLIFFORD C. BLOMGREN**

**1-19-1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **MILLER, GARY P.**  
STREET ADDRESS **3429 ATTERBURG STREET**  
CITY-ST-ZIP **CUYAHOGA FALLS OH 15**

TITLE **D** ☐ DELETE  
NAME **MILLER, GARY P.**  
STREET ADDRESS **3429 ATTERBURG STREET**  
CITY-ST-ZIP **CUYAHOGA FALLS OH**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **ATTERBURY 44221-1115**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **ATTERBURY 44221-1115**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*GARY P. MILLER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY P. MILLER PRESIDENT**

**5/19/96 330-922-8144**

DATE

DATE OF PREPARATION

CR2E034 (12/95)