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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

M68264

(4)

CONSUMER ELECTRONIC SERVICES, INC.						AL BURN RURU BURU BURU BURU BURU BURU BURU
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,	
1019 RIDGEWOOD AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117			Ī			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					02/15/1988	05/01/1995
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	_ L		59-2873411	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		, Trust Fund Contribution	Added to Fees	
Zip	Zip	- January		8. This corporation has liability for i		
24	25 29		30		Florida Statutes 🛛 Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent
			l'	31 Name		
BEAN, RONALD D. 1153 BRYN MAWR DR			ħ	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)
			-	83		
DAYIO	NA BEACH FL 32114		L			
	•		-	B4 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and £07.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the pur pard of directors. I hereby accept the appe	pose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Floric h, and accept the obligations of, See	da. Such change was authorized on 607,0505, Florida Statutes.	d by the co	orporation's bo 	pard of directors. I hereby accept the appoint	bintment as registered agent. I am
SIGNATURE	Kmald DIS	au KONA	401	D. BE	AN	1/29/96
	Signature, typeu or product ame of registered egities			lgent signature requ	uired when zeinstating): ADDITIONS/CHANGES TO OFF	DATE
12.	OFFICERS ANI	DIRECTORS DELETE	13.	TE T	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	P PONTED D					E similes
NAME	BEAN, RONALD D.		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	1153 BRYN MAWR DRIVE		1.4 CITY-S1-ZIP			
City-St-Zip Title			2. 1 Til			Change Addition
NAME	•	•		1		<u> </u>
STREET ADDRESS	BEAN, AUDREY K.		1	REET ADDRESS		
	1153 BRYN MAWR DRIVE DAYTONA BEACH FL			Y-ST-ZIP		
CITY-ST-ZIP TITLE	S S			LE		Change Addition
NAME	MACKEY, DAVID	32 N				
STREET ADDRESS	1623 BRIMINGHAM AVE	PATID		REET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL	3.4		Y-SI-ZIP		
TITLE	T	DELETE	4. 1 TI			Change Addition
NAME	MACKEY, STEVE		4.2 NA	ME		1
STREET ADDRESS	1553 SAN JOSE BLVD		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		4.4 011	Y-SI-ZIP		
TITLE				TLE		Change
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-S1-7IP		
TITLE	☐ DELETE 6		6 1 TI			Change Addition
NAME			6.2 NA	ME		1
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	IY-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 of 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 3 changed, or on an attachment with an address. Chiment with an address.

NOVA W D. BEAN 04/29/96 904-253-2289

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: