


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>	
<b>DOCUMENT # M68264 (4)</b>			
<b>1. Corporation Name</b> <b>CONSUMER ELECTRONIC SERVICES, INC.</b>			
<b>Principal Place of Business</b> 1019 RIDGEWOOD AVE HOLLY HILL FL 32117		<b>Mailing Address</b> 1019 RIDGEWOOD AVE HOLLY HILL FL 32117-2807	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>3. Date Incorporated or Qualified</b> 02/15/1988		<b>3a. Date of Last Report</b> 05/01/1996	
<b>4. FEI Number</b> 59-2873411		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> BEAN, RONALD D. 1153 BRYN MAWR DR DAYTONA BEACH FL 32114		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1145 BRYN MAWR DR</b> 83 84 City <b>SAME</b> FL 85 Zip Code <b>SAME</b>	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>P</b> NAME <b>BEAN, RONALD D.</b> STREET ADDRESS <b>1153 BRYN MAWR DRIVE</b> CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS <b>1145 BRYN MAWR DR</b> 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>BEAN, AUDREY K.</b> STREET ADDRESS <b>1153 BRYN MAWR DRIVE</b> CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS <b>1145 BRYN MAWR DR</b> 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>MACKEY, DAVID</b> STREET ADDRESS <b>1623 BRIMMINGHAM AVE</b> CITY-ST-ZIP <b>HOLLY HILL FL</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>MACKEY, STEVE</b> STREET ADDRESS <b>1553 SAN JOSE BLVD</b> CITY-ST-ZIP <b>HOLLY HILL FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>14. I do 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.</b>			
<b>SIGNATURE: AUDREY K. BEAN AUDREY K. BEAN 04/28/97 904-253-2289</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)