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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M81802

CONSUMER CAPITAL CORPORATION

FILED Mar 13 1998 8:00am Secretary of State

Zip Code

										
Principal P	ace of Business	Mailing Addr	Mailing Address			איניסיות נושות השוות ווווות ווווות השוות ושוות ושוות ושוות ושוות ושוות השוות השוות השוות השוות השוות השוות השוות	BAL MANNA MANNA MANNA KNAN			
1715 W. OAK RIDGE RD. ORLANDO FL 32809-3909 US			1715 W. OAK RIDGE RD. ORLANDO FL 32809-3909 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						05/19/1988				
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address			4, FEI Number	Applied For			
21		26				59-2893036	Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				\$8.75 Additional Fee Required			
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30	ountry			Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent			
	ATHAM, GARY E.			81	Name					
1715 WEST OAK RIDGE ROAD					32 Street Address (P.O. Box Number is Not Acceptable)					

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 1 am familiar with and accept the obligations of Section 607.0505. Florida Statutes.

agent. i a	m tamiliar with, and accept the obligations	01, Section 607.0505, Fi	orida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and	de d'applicable (NOI	£: Registered Agent signature required	1 when reinstating)	DATE		
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES T	O OFFICERS AND D	IRECTORS	S IN 12
TITLE	OP .	DELETE	1.1 TITLE		L	Change	Additio
NAME	LATHAM, GARY E.		1.2 NAME				
STREET ADDRESS	1715 W. OAK RIDGE RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TITLE	DVS	DELETE	2.1 TITLE		T	Change	Addition
NAME	STANGE, JUDITH A.		2.2 NAME				
STREET ADDRESS	1715 W OAK RIDGE RD		2 3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CiTY-ST-ZIP		\$ · · · ·		
TITLE	†	☐ DELETE	3.1 TITLE			Change	Addition
NAME	STANGE, JUDITH A.		3.2 NAME				
STREET ADDRESS	1715 W OAK RIDGE RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		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	<u> </u>	T	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	:		6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-7IP				

14. I 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 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 13 if changed or man attachment with an address.