


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98877 (7) 1. Corporation Name CONSOLIDATED INVESTMENTS GROUP, INC.			
Principal Place of Business 1658 S.W. 7TH AVE POMPANO BEACH FL 33060 US		Mailing Address 1658 S.W. 7TH AVE POMPANO BEACH FL 33060 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 ROUTE 1, Box 3461 27 Suite, Apt. #, etc. 28 ALLIGATOR POINT, FL 29 32346 30 FRANKLIN	
9. Name and Address of Current Registered Agent LEAMAN, JR., WALTER R 1490 SW 63 TERRACE PLANTATION FL 33317		10. Name and Address of New Registered Agent 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 607.0505, 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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAMAN, WALTER R., JR.	1.2 NAME	
STREET ADDRESS	1490 SW 63RD TERRACE	1.3 STREET ADDRESS	ROUTE 1, Box 3461
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	ALLIGATOR POINT FL 32346
TITLE	DAS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAMAN, JUNE	2.2 NAME	
STREET ADDRESS	1490 SW 63RD TERRACE	2.3 STREET ADDRESS	ROUTE 1, Box 3461
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	ALLIGATOR POINT FL 32346
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMANN, PAUL	3.2 NAME	TREASURER (only)
STREET ADDRESS	8814 C SW 22 ST	3.3 STREET ADDRESS	2814 "B" SW 22 ST.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE WOLF, MICHELLE	4.2 NAME	SPRANGER MICHELLE
STREET ADDRESS	1804 NW 48 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1988	3a. Date of Last Report 11/12/1996
4. FEI Number 65-0075245	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE: **SIGNATURE REQUIRED** 9/14/97 9:44 3492511

CR2E034 (4/97)