

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
RT 1 BOX 3461  
ALLIGATOR POINT FL 32346  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1658 S.W. 7 AVE.

27 City & State

28 POMPANO BEACH, FL

29 33060 30 US

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

65-0075245

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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

OFFICERS AND DIRECTORS

12. TITLE

NAME DP  
LEAMAN, WALTER R., JR.  
STREET ADDRESS RT 1 BOX 3461  
CITY-ST-ZIP ALLIGATOR POINT FL

☐ DELETE

TITLE DAS  
NAME LEAMAN, JUNE  
STREET ADDRESS RT 1 BOX 3461  
CITY-ST-ZIP ALLIGATOR POINT FL

☐ DELETE

TITLE T  
NAME ALTMANN, PAUL  
STREET ADDRESS 8814 B SW 22 ST  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE S  
NAME SPRANGER, MICHELLE  
STREET ADDRESS 1804 NW 48 TERRACE  
CITY-ST-ZIP COCONUT CREEK FL

☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1490 S.W. 63 Terr.

1.4 CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1490 S.W. 63 Terr.

2.4 CITY-ST-ZIP Plantation, FL 33317 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: June A. Leaman, June A. Leaman 3/2/98 954-582-1122

CR2E034 (10/97)