

FILE NOW: FILING FEE AFTER MAY 1 IS \$15.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mathumay
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:12

DOCUMENT # N49556 (6)

CONSUMER ALLIANCE OF AMERICA, INC.

Principal Place of Business

Mailing Address

631 U.S. HIGHWAY ONE, SUITE 407
NORTH PALM BEACH FL 33408

631 U.S. HIGHWAY ONE, SUITE 407
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0343624

Applied For

Not Applicable

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K
631 U.S. HIGHWAY ONE, SUITE 407
NORTH PALM BEACH FL 33408

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

Typed name of person signing (signatures must be notarized)

Typed name of person signing (signatures must be notarized)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PVPD
MANERA, RONALD J
8523 EGRET MEADOW LANE
WEST PALM BEACH FL 33412

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STD
LANCIANESE, SANDI J
1200-A SHIBUMY CIRCLE
WEST PALM BEACH FL 33415

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
TIMOTHY K. ANDERSON,
631 US HWY 1 #407
NORTH PALM BCH FL 33408

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, 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 319.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. MANERA

Date

4/17/95

Telephone Number

407.863-4487