

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004378 (6)

1. Corporation Name

NATIONAL CONSOLIDATORS, INC.

55 FEB - 6 PM 12:19

Principal Place of Business

Mailing Address

1500 SE 3RD CT.
SUITE 106
DEERFIELD BEACH FL 33441

1500 SE 3RD CT.
SUITE 106
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1993

3a. Date of Last Report

03/23/1994

4. FEI Number

65-0340597

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$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

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

81 Name

JACQUELINE FOX

82 Street Address (P.O. Box Number is Not Acceptable)

1523 E. HILLSBORO BLVD #134

83

84 City

DEERFIELD Bch

FL

85

Zip Code

33441

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

Jacqueline Fox STD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

1/26/95

DAY

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

FOX, JACQUELINE

STREET ADDRESS

1523 E HILLSBORO BLVD #134

CITY - ST - ZIP

DEERFIELD BEACH FL 33441

TITLE

SD

NAME

JONES, SHARON

STREET ADDRESS

1523 E HILLSBORO BLVD #134

CITY - ST - ZIP

DEERFIELD BEACH FL 33441

TITLE

VD

NAME

BARBERA, SALLY

STREET ADDRESS

228 MICHIGAN AVE.

CITY - ST - ZIP

PATERSON NJ 07503

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Jacqueline Fox

Signature and typed or printed name of signing officer or director

JACQUELINE FOX

1/12/95

Date

305-425-4332

Telephone Number