## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300004378 (6)

NATIONAL CONSOLIDATORS, INC.

								F - 1/F		
1500 SE 3RD C	T.	1500 SE 3RD CT. SUITE 106 DEERFIELD BEACH FL 33441				3. Date Incorporated or Qualified				
SUITE 106						09/28/1993				
DEERFIELD BEA	ACH FL 33441					4. FEI Number			olied For	
									Not Applicable	
						65-0340597		INO	Applicable	
2. Principal Place of Business						5. Certificate of Status Desired	\$8.7	75 a	dditional	
21		26	26			S. Octanoaks Of States Bestree	Fe	e Re	uired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.0	<b>00</b> м	av Be	
22		27	27			Trust Fund Contribution		led to		
City & State			City & State			7. Is this nonprofit corporation a homeowners	e acedic	iation	2	
	-	<del> </del>				7. Is this nonprosit corporation a non-cowners	No	,iatiot i	•	
23		28	Zip Country				<del></del>		7. 1.	
Zip				ıu y		8. This corporation owes or has paid the cuff				
24	25	[29]			<del></del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered/Agent				
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent								
					Name	•				
FOX, JACQUELINE					Stroot Add	ress (P.O. Box Number is Not Acceptable)	<del></del>		-77	
					Stiest Addi	reas (1.0. Dox Namber is Not Nocopiedic)				
1523 E. HILLSBORO BLVD. #134				83						
DEERFIELD BEACH FL 33441										
			ļ.	84	Clty		85	Zip C	ode .	
			İ		•	FL				
11. Pursuant 1	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the ab	ove	-named corp	poration submits this statement for the purpose of	changi	ing 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 617.0503, Florida Statutes.										
agent. 1 am taminar with, and accept the colligations of, Section 617.0505, Florida Statutes.										
SIGNATURE  Signature, wood or printed name of registered agent and title It applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
						ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	SIN 12	
12.		DELETE		_		Applifold of Friday	_ Cha		Addition	
TITLE				1.1 TITLE				go		
NAME	FOX, JACQUELINE			ME						
STREET ADDRESS	ET ADDRESS 1523 E HILLSBORO BLVD #134			1.3 STREET ADDRESS						
CITY-ST-ZIP	PREDERED DEVOLUE CONTRA			1.4 CITY-ST-ZIP						
TITLE			_	2.1 TITLE			Cha	inge	Addition	
1	_			2.2 NAME				•		
NAME	JONES, SHARON									
STREET ADDRESS	1523 E HILLSBORO BLVD #1		2.3 ST	2.3 STREET ADDRESS					ŀ	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			Y-S	ST-ZIP					
TITLE	VD DELETÉ 3:			E		•	L Cha	ınge		
NAME	BARBERA, SALLY		3.2 NA	ME					ŀ	
				3.3 STREET ADDRESS					ļ	
STREET ADDRESS			1							
CITY-ST-ZIP	11112100111100100				T-ZIP		1 1 Cha		Addition	
TITLE	DELETE 4.			4.1 TITLE			L Cha	inge	☐ Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS	( ADDRESS )		4.3 STE	4,3 STREET ADDRESS						
1				4.4 CITY-ST-ZIP					ļ	
CITY-ST-ZIP	Office Control of the				-415	*	Cha	ange	Addition	
TITLE		C DOZETE	5.1 TITLE			2 m				
NAME			5.2 NA							
STREET ADDRESS			5.3 STF	REET /	ADDRESS				ĺ	
CITY-ST-ZIP	T-7IP 5.4			Y-ST	T-ZIP					
	TITLE DELETE			LE			Cha	ange	Addition	
1			6.2 NÀ	WE.	İ				İ	
TAME.				6.3 STREET ADDRESS						
STREET ADDRESS			6.3 ST	REET /	ADDRESS					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.