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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013604 (3)

CONSOLIDATED SERVICE SYSTEMS, INC.

FILED Apr 07 1997 8:00am Secretary of State

Principal Place of Business P.O. BOX 51273 JACKSONVILLE BEACH FL 32240	Mailing Address P.O. BOX 51273 JACKSONVILLE BEACH FL	. 32240-1273				
			3. Date Incorporated or Qualified 12/21/1992	1	e of Last F 2/1996	leport
2. Principal Place of Business	2a. Mailing Address	222	4. FEI Number	<u>V.1/6</u>		oplied For
Suite, Apt. #, etc.	26 Y	3335	59-3157557 6. Certificate of Status Desired		\$8.75	ot Applicable Additional equired
City & State City & State City & State	City & State	3 Q	Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
Zip Country 24 32206 25 131 8 50	29 32206	Country 30 Diwal		Yes 🗆	No	. 199.032,
9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New Re	egistered A	gent	
STIEFEL, JOHN R ESQ. 2301 INDEPENDENT DR.			(DO D. N. L. E. D. M.	(12)		
JACKSONVILLE FL 32202		82 Street Add	fress (P.O. Box Number is Not Acceptal	DIE)		
• • • • • • • • • • • • • • • • • • • •		83				
		84 City		El	85 Zip	Code
11. Pursuant to the provisions of Sections 607	0502 and 607 1508. Florida Statute	es the above-named con	ogration submits this statement for the	FL purpose of o	hanging i	ts registered
oftice or registered agent, or both, in the S	State of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby acce	pt the appo	intment as	registered
office or registered agent, or both, in the S agent, I am lamiliar with, and accept the o	obligations of Section 607.0505, Flo	orida Statutes.				
		orida Statutes. E: Registered Agent signature requ		DATE		1-
SIGNATURE Since the state of page of page of the patients	ed agent and filler applicable (NOTE S AND DIRECTORS	E: Registered Agent signature requ		DATE CERS AND I	DIRECTOR	RS IN 12
SIGNATURE Sign on hydrogen peak dispensed registers 12. OFFICERS THE D	ed agent and little in applicable (NOTE	E: Registered Agent signature required 13.	uired when reinstaling)	DATE CERS AND I		RS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 have one 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 to Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOL

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