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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

4.29.54

4-279842421

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000032943 (1)

CONSOLIDATED ENDEAVOURS INTERNATIONAL, INC.

Principal Place of Business Mailing Address				E FORMAN LEIN IN I	8111 89198 11118 11818 18111 \$1699 1111 1881	
411 ATLANTIC STREET 411 ATLANTIC STREET MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/04/1993	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26	26		59-3190117	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			Countr	¥	8. This corporation owes or has pa	
24	25]	29	30		Personal Property Tax due June	
• • •	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Re	igistered Agent
	RETSKY, PETER A			IVALITIE		
	1 ATLANTIC STREET		82 Street Ac		Address (P.O. Box Number is Not Acceptate	ole)
ME	LBOURNE BEACH FL 32951		83	 		
			100			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508 Florida St	atutes the above	e-named	corporation submits this statement for the p	purpose of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such ch ance w	as authorized b	v the corp	poration's board of directors. I hereby accep	pt the appointment as registered
	m familiar with, and accept the oblig	gations or, Section 607.0505	, Florida Stature	·\$.		
SIGNATURE	Signature, typed or printed name of regulation ag	and and title if applicable	NO1E Registered Ac	ont signature	required when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	KORETSKY, PETER A		1.2 NAME			
STREET ADDRESS	411 ATLANTIC STREET		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 329	951	1.4 CITY-	ST-ZIP		
TITLE	PVST	☐ DELETE	2.1 TITLE			Change Addition
NAME	KORETSKY, PETER A		2.2 NAME			
STREET ADDRESS	411 ATLANTIC STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 329		2. 4 CITY -	ST-ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	- 1		Change Addition
NAME			4.2 NAME	ţ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY -	ST-ZIP		Change Addition
TITLE		[] DELETE	5.1 TITLE			Cusinge C Modition
NAME			5.2 NAME	, annhean		
STREET ADDRESS				r address		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-ZIP		Change Addition
NAME	<i>:</i>	C PLEET	6.2 NAME			— strenge FT strenger
STREET ADDRESS	T.			T ADDRESS		
CITY-ST-ZIP	•			- 1		
14. Thereby c	ertify that the information supplied w	vith this filing does not quali	6.4 CiTY- fy for the exemp	tion state	d in Section 119.07(3)(i), Florida Statutes. I	further certify that the information
i nd icated	on this annual report or supplement.	al annual report is true and	accurate and th	at my siar	nature shall have the same legal effect as if required by Chapter 607, Florida Statutes;	f made under oath: that I am an