

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000074897 (8)

1. Corporation Name

CONSULTING SERVICE & INFORMATION, INC.



Principal Place of Business

2482 SCARLET OAK CT.
SARASOTA FL 34232

Mailing Address

2482 SCARLET OAK CT.
SARASOTA FL 34232

2. Principal Place of Business

21 State Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0442429

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

FARRELL, LAURA
2482 SCARLET OAK CT.
SARASOTA FL 34232

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 607.0907 and 607.1526, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Agent

Signature of Agent

Tax

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FARRELL, LAURA
STREET ADDRESS 2482 SCARLET OAK CT.
CITY-STATE-ZIP SARASOTA FL 34232

TITLE V
NAME FARRELL, DANIEL J 111
STREET ADDRESS 2482 SCARLET OAK CT.
CITY-STATE-ZIP SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Farrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 194D378-3088

CR2E034 (12/95)