

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

Amended Report

FILED

96 DEC -2 AM 8:27

MWB  
12/4/96

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93 000084673**  
1. Corporation Name  
**CONSOLIDATED SPECIALTIES, INC.**

Principal Place of Business Mailing Address  
**405 DOUGLAS AVENUE STE 2505-5**  
**ALTAMONTE SPRINGS, FL. 32714**  
**P. O. BOX 160699**  
**ALTAMONTE SPRINGS,**  
**FL. 32716-0699**

3. Date Incorporated or Qualified **12/10/1993** 3a. Date of Last Report **4/24/96**

4. FEI Number **59-3226286** 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **405 DOUGLAS AVENUE** 26 **P. O. BOX 160699**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 2505-5** 27  
City & State City & State  
23 **ALTAMONTE SPRINGS, FL.** 28 **ALTAMONTE SPRINGS, FL.**  
Zip Country Zip Country  
24 **32714** 25 **USA** 29 **32716-0699** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VICTORIA E. MOWINSKI**  
**405 DOUGLAS AVENUE, SUITE 2505-5**  
**ALTAMONTE SPRINGS, FL. 32714**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 **VICTORIA E. MOWINSKI TREASURER**

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

NOTE: Registered Agent signature required when reinstating

DATE **11/26/96**

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **VSTD**  
STREET ADDRESS **MOWINSKI, VICTORIA E.**  
CITY-ST-ZIP **611 PHEASANT AVENUE**  
**LONGWOOD, FL. 32750**  
TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **JAMES A. MOWINSKI**  
CITY-ST-ZIP **611 PHEASANT AVENUE**  
**LONGWOOD, FL. 32750**  
TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **DANNY R. JONES**  
CITY-ST-ZIP **113 FILLMORE DRIVE**  
**SARASOTA, FL. 34236**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE **VC**  
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

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

SIGNATURE: **VICTORIA E. MOWINSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/96

407 786-7696

Date

Daytime Phone #

CR2E034 (12/95)