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

DOCUMENT # **P93000088062 (3)**

1. Corporation Name

CONSOLIDATED INDUSTRIAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1281 S. HICKORY ST. SUITE D MELBOURNE FL 32901	1281 S. HICKORY ST. SUITE D MELBOURNE FL 32901

3. Date Incorporated or Qualified: 01/01/1994

3a. Date of Last Report: 06/15/1995

4. FEI Number: 59-3218739 ☐ 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 1212 S. RIVERSIDE Dr	26 1212 S. RIVERSIDE Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: INDIALANTIC, FL	28 City & State: INDIALANTIC, FL
24 Zip: 32903 25 Country: USA	29 Zip: 32903 30 Country: USA

9. Name and Address of Current Registered Agent

HACKETT, ROBERT D
1281 S. HICKORY ST.
SUITE D
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: HACKETT, ROBERT D.
82 Street Address (P.O. Box Number is Not Acceptable): 1212 S. RIVERSIDE Dr.
83
84 City: INDIALANTIC FL 85 Zip Code: 32903

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 _____ (Signature, typed or printed name of registered agent, and title if applicable) (Both Registered Agent's signature required when name is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ROBERT D. HACKETT		1.2 NAME	ROBERT D. HACKETT	
STREET ADDRESS	1281 HICKORY ST., SUITE DD		1.3 STREET ADDRESS	1212 S. RIVERSIDE Dr	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	INDIALANTIC, FL. 32903	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	BARRY S. KRONMAN		2.2 NAME	BARRY S. KRONMAN	
STREET ADDRESS	1281 HICKORY ST., SUITE D		2.3 STREET ADDRESS	1212 S. RIVERSIDE Dr	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Hackett ROBERT D. HACKETT 4/25/96 407-676-2154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)