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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90108 005 \*\*\*150.00

**FILED** 

1999

DOCUMENT # P9300088062

1. Corporation Name

CONSOLIDATED INDUSTRIAL ASSOCIATES, INC.

Principal Place of Business  Mailing Address  1212 S. RIVERSIDE DRIVE INDIALANTIC FL 32903 US  DO NOT WRITE  3. Date Incorporated or Qualifed 01/01/1994  2. Principal Place of Business 2a. Mailing Address 25  4. FEI Number 59-3218739	E IN THIS SPACE	
INDIALANTIC FL 32903		
3. Date incorporated or Qualifed 01/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	\ \ \ \ An	
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······································		t Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired		quired
City & State City & State 6. Election Campaign Financing	□ \$5.00	
Trust Fund Contribution		to Fees
Zip Country Zip Country 8. This corporation owes the current	nt year Intangible	□No
25 29 30 Personal Property Tax.  9 Name and Address of Current Registered Agent 10. Name and Address of New Reg		
9. Name and Address of Current Registered Agent 10. Name and Address of New Reg	gistered Agent	
HACKETT, ROBERT D		
1212 S. RIVERSIDE DRIVE  82 Street Address (P.O. Box Number is Not Acceptable	ile)	
INDIALANTIC FL 32903		
[1450 15 0 1110 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
84 City	FL 85 Zip	Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	the appointment as re	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	DATE	ORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	
12. OFFICERS AND DIRECTORS  TITLE P NAME ROBERT D. HACKETT  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICE 1.1 TITLE  12. NAME	DATE	ORS IN 12
12. OFFICERS AND DIRECTORS  TITLE  P  (NOTE: Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICE  1.1 TITLE  P	DATE	ORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P NAME  ROBERT D. HACKETT  12 NAME  STREET ADDRESS  1212 S RIVERSIDE DRIVE  INDIALANTIC FL  14 CITY-ST-ZIP	DATE ICERS AND DIRECTO	DRS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PANNE  ROBERT D. HACKETT  1.2 NAME  STREET ADDRESS  1212 S RIVERSIDE DRIVE  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  DELETE  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  2.1 TITLE	DATE	ORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaking)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  PAME  ROBERT D. MACKETT  1.2 NAME  STREET ADDRESS  1212 S RIVERSIDE DRIVE  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  2.1 TITLE  NAME  BARRY S. KRONMAN	DATE ICERS AND DIRECTO	DRS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaking)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P NAME  ROBERT D. HACKETT  12 NAME  STREET ADDRESS  1212 S RIVERSIDE DRIVE  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  2.1 TITLE  NAME  BARRY S. KRONMAN  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  2.3 STREET ADDRESS  1212 S. RIVERSIDE DRIVE  2.3 STREET ADDRESS	DATE ICERS AND DIRECTO	DRS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE P DELETE 1.1 TITLE  NAME ROBERT D. HACKETT 1.2 NAME  STREET ADDRESS 1212 S RIVERSIDE DRIVE 1.4 CITY-ST-ZIP  TITLE ST DELETE 2.1 TITLE  NAME BARRY S. KRONMAN 2.2 NAME  STREET ADDRESS 1212 S. RIVERSIDE DRIVE 2.3 STREET ADDRESS  CITY-ST-ZIP INDIALANTIC FL 2.3 STREET ADDRESS  CITY-ST-ZIP INDIALANTIC FL 2.4 CITY-ST-ZIP  TOTAL CITY-ST-ZIP  TOTAL CITY-ST-ZIP  TOTAL CITY-ST-ZIP  LA CITY-ST-ZIP  TOTAL CITY-ST-ZIP  LA CITY-ST-ZIP	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE P NAME ROBERT D. HACKETT  STREET ADDRESS  1212 S RIVERSIDE DRIVE  TITLE  ST  ITILE  ST  ITILE  ST  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  TITLE  ST  DELETE  1.4 CITY-ST-ZIP  TITLE  SARRY S. KRONMAN  22 NAME  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  TITLE  DELETE  2.1 TITLE  ST  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  1.3 STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE	DATE ICERS AND DIRECTO	DRS IN 12
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE P DELETE 1.1 TITLE  NAME ROBERT D. HACKETT  STREET ADDRESS  CITY- ST. ZIP  TITLE ST DELETE 1.4 CITY- ST. ZIP  TITLE ST DELETE 2.1 TITLE  NAME BARRY S. KRONMAN  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  TITLE ST DELETE 2.1 TITLE  NAME  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  STREET ADDRESS  1212 S. RIVERSIDE DRIVE  STREET ADDRESS  1213 S. RIVERSIDE DRIVE  STREET ADDRESS  1214 S. RIVERSIDE DRIVE  TITLE  DELETE 3.1 TITLE  NAME  3.2 NAME	DATE ICERS AND DIRECTO Change	DRS IN 12 Addition Addition
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P NAME  ROBERT D. HACKETT  12 NAME  STREET ADDRESS  1212 S RIVERSIDE DRIVE  INDIALANTIC FL  ITILE  ST  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  1.4 CITY-ST-ZIP  INDIALANTIC FL  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  A.CITY-ST-ZIP  TITLE  NAME	DATE ICERS AND DIRECTO Change Change	DRS IN 12 Addition Addition
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T2. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P NAME  ROBERT D. HACKETT  1212 S RIVERSIDE DRIVE  INDIALANTIC FL  ITILE  ST  NAME  BARRY S. KRONMAN  STREET ADDRESS  CITY. ST. ZIP  INDIALANTIC FL  IDELETE  1.4 CITY. ST. ZIP  INDIALANTIC FL  2.3 STREET ADDRESS  CITY. ST. ZIP  INDIALANTIC FL  DELETE  2.4 CITY. ST. ZIP  INDIALANTIC FL  DELETE  3.3 STREET ADDRESS  CITY. ST. ZIP  INDIALANTIC FL  DELETE  3.4 CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  AMME  STREET ADDRESS  CITY. ST. ZIP  TITLE  AMME  STREET ADDRESS  CITY. ST. ZIP  TITLE  AMME  STREET ADDRESS  CITY. ST. ZIP  DELETE  3.4 CITY. ST. ZIP  TITLE  AMME  STREET ADDRESS  CITY. ST. ZIP  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  DELETE  5.1 TITLE  STREET ADDRESS  CITY. ST. ZIP  STREET ADDRESS  CITY. ST. ZIP  DELETE  5.1 TITLE  STREET ADDRESS  CITY. ST. ZIP  STREET ADDRESS  STREE	DATE ICERS AND DIRECTO Change Change	DRS IN 12  Addition  Addition  Addition

14. 1 hereby certify that the information supplied with this filing 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 of 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on a state of the corporation of the corporat

**SIGNATURE** 

ROBERT D. HACKETT

2/27/99

Y07-63/-5377 Daytime Phone # :R2E034 (11/98)