

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 # **P94000007329 (3)**

1. Corporation Name

CONSOLIDATED FINANCIAL RESOURCES, INC.



Principal Place of Business

Mailing Address

**730 W MCNAB RD
FT LAUDERDALE FL 33309**

**730 W MCNAB RD
FT LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASPER, DEBBI
730 W MCNAB RD
FT LAUDERDALE FL 33309**

81 Name
ROBIN GAILLO

82 Street Address (P.O. Box Number is Not Acceptable)
730 W. MCNAB RD.

83

84 City
FL. LAUDERDALE

85 Zip Code
FL 33309

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

Robin Gaillo

ROBIN GAILLO

2/23/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**DP
ELLMAN, J. LEON**
STREET ADDRESS
730 W MCNAB RD
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
**SVP
BERK, ARTHUR J.**
STREET ADDRESS
730 W. MCNAB ROAD
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
**TVP
BRADY, GERALD J.**
STREET ADDRESS
730 W. MCNAB ROAD
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
**VP
DUANY, TONY**
STREET ADDRESS
730 W. MCNAB ROAD
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
730 W. MCNAB ROAD
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
730 W. MCNAB ROAD
CITY-ST-ZIP
FT. LAUDERDALE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. J. Brady

03-01-96

(954) 977-3094

DATE DAYTIME PHONE #

CR2E034 (12/95)