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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF COHPORATIONS

## DOCUMENT # P94000019499 (0)

CONSOLIDATED INCORPORATED OF ORLANDO

|   |  |  |           | .,       |   |  |                       |  |                             |  |
|---|--|--|-----------|----------|---|--|-----------------------|--|-----------------------------|--|
| Principal Place of Business Mailing Address |  |  |           |          |   |  |                       |  |                             |  |
| OCOEE FL 347                                |  | 701 L.F. ROPER PARKWAY<br>OCOEE FL 34761 |           |          |   |  |                       |  |                             |  |
|   |  |  |           |          |   | 3. Date Incorporated or Qu<br>03/11/1994   | alified               | 3a. Date of Last F                         | Report                      |  |
| <u> </u>                                    | Place of Business  | 2a. Mailing Address                      |           |          |   | 4. FEI Number  |                       | [A)  | pplied For                  |  |
| Suite, Apt                                  | H ata  | [26]                                     |           |          | <b>59-1593317</b> Not Applicable                                |  |                       |  |                             |  |
| 22  |  | Suito, Apt. #, etc.                      |           |          | 5. Certificate of Status Desired \$8.75 Additional Fee Required |  |                       |  |                             |  |
| City & Sta                                  | ue   | City & State                             |           |          | 6. Election Campaign Financing \$5.00 May Be                    |  |                       |  |                             |  |
| Zip Country                                 |  | Zip Country                              |           |          |   | Trust Fund Contribution Added to Fees  |                       |  |                             |  |
| 24 25                                       |  | 29 30                                    |           | ound y   |   | B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes  |                       |  |                             |  |
|   | 9. Name and Address of Curren  |  |           |          |   | 10. Name and Address of I  |                       |  |                             |  |
| FIT   | 'AGI, MONA   |  | 8         | í        | Name  |  | ten nog               | atored Agent                               |                             |  |
|   | 3 L.F. ROPER PARKWAY   |  | ļ         | 4        | ·   |  | <del></del>           |  |                             |  |
|   | DEE FL 34761   |  | 8         |          | Street Addre  | ess (P.O. Box Number is Not Acceptable)  |                       |  |                             |  |
|   |  |  | B         | 3        |   |  |                       |  |                             |  |
|   |  |  | 8-        |          | City  |  |                       |  | Code                        |  |
| office or<br>agent. I s                     | Lto the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligations by the state of the stat |  |           |          |   | oration submits this statement from s board of directors. I hereb  | or the pu<br>y accept | rpose of changing it<br>the appointment as | ts registered<br>registered |  |
| 12.   | OFFICERS ANI   |  | 13.       |          |   | ADDITIONS/CHANGES 10   | OFFICE                |  | RS IN 12                    |  |
| TITLE                                       | PVST   | DLLFTE                                   | 1.1 101.6 |          |   | ······································   |                       | ☐ Change                                   | Addition                    |  |
| NAME  | EL TAGI, MONA  |  | 1.2 NAME  |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              | 701 L.F. ROPER PARKWAY   |  | 1.3 STREI | FLA      | ADDRESS   |  |                       |  |                             |  |
| CITY-ST-ZIP                                 | OCOEE FL 34761   |  | 1.4 CHY-  | SI-      | - 71P   |  |                       |  |                             |  |
| TITLE                                       | D  |  |           | 21 TITLE |   |  |                       | Change                                     | Addition                    |  |
| NAME  | EL TAGI, MONA  |  | 22 NAME   |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              | 701 L.F. ROPER PARKWAY   |  | 2.3 STREE | fi A     | ODRESS .  |  |                       |  |                             |  |
| CITY-ST-ZIP                                 | OCOEE FL 34761   |  | 2.4 CHY   | - \$1    | - ZIP   |  |                       |  |                             |  |
| TITLE                                       |  | L_] DELETE                               | 3.1 TATLE |          |   |  |                       | Change                                     | Addition                    |  |
| NAME  |  |  | 3.2 NAME  |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              |  |  | 3.3 STREE | ΙA       | ADDRESS .   |  |                       |  |                             |  |
| CITY-ST-ZIP                                 |  | ·  | 3.4 CITY  |          | -2IP  |  |                       |  |                             |  |
| TITLE                                       |  | DELFTE                                   | 4.1 TITLE |          |   |  |                       | Change                                     | Addition                    |  |
| NAME  |  |  | 4. 2 NAM  |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              |  |  | 4.3 STREE | ΤA       | DURESS  |  |                       |  |                             |  |
| CITY-ST-ZIP                                 |  | Driess                                   | 4.4 CHY-  |          | -7IP  |  |                       |  |                             |  |
| TITLE                                       |  | LT DETELE                                | 5 1 TITLE |          |   |  |                       | Change                                     | Addition                    |  |
| NAME  |  |  | 5.2 NAME  |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              |  |  | 5 3 STREE |          |   |  |                       |  |                             |  |
| CITY-ST-ZIP                                 |  | Fire Fat                                 | 5.4 D(TY- |          | - 2iP   | A Committee of the comm |                       |  |                             |  |
| TITLE                                       |  | DELETÉ                                   | 6.1 TITLE |          |   |  |                       | Change                                     | Add-tion                    |  |
| NAME  |  |  | 6.2 NAM!  |          |   |  |                       |  |                             |  |
| STREET ADDRESS                              |  |  | 6.3 STREE | T AI     | DDRESS  |  |                       |  |                             |  |

I do 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 inchanged, or on an attachment with an address.