

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087030

1. Corporation Name
CONSOLIDATION SERVICES, INC.

Principal Place of Business

1320 E OAK ST
ARCADIA FL 33821 34266
US

Mailing Address

PO BOX 1311
ARCADIA FL 33821 34265
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90002 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

65-0539656

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

34266

34265

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, ROBERT
12 S. 12TH AVENUE
1320 E OAK ST
ARCADIA FL 33821 34266

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ALLEN, ROBERT
STREET ADDRESS 1591 E. ATLANTIC BLVD SUITE 205
CITY-ST-ZIP POMPANO BCH FL 33060

1.1 TITLE D
1.2 NAME ALLEN ROBERT
1.3 STREET ADDRESS 1380 EAST OAK ST
1.4 CITY-ST-ZIP ARCADIA FL 34266

☒ Change ☐ Addition

TITLE P
NAME ALLEN, ROBERT
STREET ADDRESS 1591 E. ATLANTIC BLVD SUITE 205
CITY-ST-ZIP POMPANO BCH FL 33060

2.1 TITLE P
2.2 NAME ALLEN ROBERT
2.3 STREET ADDRESS 1380 EAST OAK ST
2.4 CITY-ST-ZIP ARCADIA FL 34266

☒ Change ☐ Addition

TITLE VSTD
NAME ALLEN, ROBERT
STREET ADDRESS 1591 E. ATLANTIC BLVD SUITE 205
CITY-ST-ZIP POMPANO BCH FL 33060

3.1 TITLE VSTD
3.2 NAME ALLEN ROBERT
3.3 STREET ADDRESS 1380 EAST OAK ST.
3.4 CITY-ST-ZIP ARCADIA FL 34266

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0483914