

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 # P95000000109 (5)

1. Corporation Name:

CONSOLIDATED REAL ESTATE GROUP, INC.



Principal Place of Business

P.O. BOX 2338
LAKE WALES FL 33859-2338

Mailing Address

P.O. BOX 2338
LAKE WALES FL 33859-2338

3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 230 E. Park Avenue

22 Suite, Apt. #, etc.

23 City & State
Lake Wales, FL

24 Zip
33853

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3287928

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

9. Name and Address of Current Registered Agent

SHERMAN, KYLE D
244 EAST PARK AVENUE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

Michael Butler

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

244 E. Park Avenue

83

84 City

Lake Wales,

FL

85 Zip Code
33853

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, to the State of Florida. This 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 607.0501, Florida Statutes.

SIGNATURE

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

Michael Butler

02/01/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	DELETE
NAME	Mathewson, Anthony K.	
STREET ADDRESS	250 E. Park Avenue	
CITY- ST- ZIP	Lake Wales, FL 33853	
TITLE	Vice President	DELETE
NAME	Cooper, Ronald S.	
STREET ADDRESS	230 E. Park Avenue	
CITY- ST- ZIP	Lake Wales, FL 33853	
TITLE	Secretary/Treasurer	DELETE
NAME	Mealey, Raymond R.	
STREET ADDRESS	244 E. Park Avenue	
CITY- ST- ZIP	Lake Wales, FL 33853	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Anthony K. Mathewson, President

02/01/96 (941)678-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)