

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

09500003109

1. Corporation Name

CONSORTTIUM 2000, LTD, INC;

Principal Place of Business

Mailing Address

5762 OKEECHOBEE BLVD,
SUITE 205 W.P.B. FL 33417

3. Date Incorporated or Qualified
2/95

3a. Date of Last Report
2/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0551046

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
25
29
30

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

10. Name and Address of New Registered Agent

81 Name

James Stuber Atty.

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

777 S. Flagler St
West Tower Ste. 800

84 City West Palm Beach FL 85 33401

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 *James Stuber* James Stuber

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE Vice President
12 NAME Lorena Davis -Riley
13 STREET ADDRESS 5762 Okeechobee Blvd Ste 205
14 CITY - ST - ZIP West Palm Bch FL 33417

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information submitted 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 in 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13, as changed, in a document with an address.

SIGNATURE *Lorena Davis Riley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (407) 684-3039

CR2E034 (12/95)