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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500004306 (3)

CONSUMER INDUSTRIES INC.

854 RDGE RD. PORT ROHET FL 34688 2. Principal Place of Business 2. April 26 3. Date Incorporated or Qualified 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Surie, Apt. 4, etc. 50 21 27 20 27 20 20 27 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Surie, Apt. 4, etc. 51 20 20 20 20 20 20 20 2	Principal Place	o of Business	Mailing Address							
### PORT RICHEY FL 34668 PORT RICHEY FL 346	Principal Place of Business Mailing Address					i				
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2. Principal Place of Business	PUNI MONCI	FL 34000	PUNI BIONEI PL 34000				DO NOT WRITE IN	THIS SPACE	#	
Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable						3. Date I	ncorporated or Qualified			
Suife, Apt. #, etc. City & State Suife, Apt. #, etc. Suife, Ap						01/1	7/1995			
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address					A	Applied For	
City & State Country Zip Country Zip Country Zip Country Zip Country Exp Country Country Exp Country Exp Country Country Exp Coun	21	1 26				. 59-	3315994	N	lot Applicable	
City & State City & State City	_					5. Certific	cate of Status Desired			
Zip	City & State	6				6. Electio	n Campaign Financing	\$5.00) May Re	
Zip Country Zip Country Zip Country Personal Property Tax due June 30.	23		28				_	_		
9. Name and Address of Current Registered Agent HNULCA, JOHN L 6834 RIDGE RD. PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Single Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Single Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 82 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 90 Zip Code		Country	Zip	Cou	ntry	8. This c	orporation owes or has paid t	the current year Ir	ntangible	
HNILCA, JOHN L 6834 RIDGE RD. PORT RICHEY FL 34688 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 85 Zip Code 84 City FL 85 Zip Code 85 A City FL 85 Zip Code 86 City FL 86 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 A City FL 86 Zip Code 89 A City FL 87 Zip Code 89 A City FL 88 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 85 Zip Code 80 A City FL 86 Zip Code 80 A City FL 86 Zip Code 80 A City FL 87 Zip Code 81 A City FL 88 Zip Code 80 A City FL 87 Zip Code 81 A City FL 88 Zip Code 80 A City FL 88 Zip Code 80 A City FL 86 Zip Code 81 A City FL 87 Zip Code 81 A City FL 88 Zip Code 81 A	24	25	29	30			· ·			
B2 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 B2 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 B3 Address (P.O. Box Number is Not Acceptable) PL 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 agent, and its familiar with an implication of Section of Ox 505. Florida Statutes SIGNATURE SIGNATURE PL 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 agent. I am familiar with an implication of Sections 607 0505. Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP		9. Name and Address of Curre	ent Registered Agent			10. Name	and Address of New Regis	tered Agent		
B2 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar wijer and accept the philipalyons of Section 607 0505, Florida Statutes. Signature Signature Signature Signature Signature o primed name of registered agent and title in applicable (NOTE Registered agent algorithm registered agent and title in applicable (NOTE Registered agent algorithm registered agent and title in applicable (NOTE Registered agent algorithm registered agent and title in applicable (NOTE Registered Agent algorithm registered agent and registered agent agent and title in applicable (NOTE Registered Agent algorithm registered when reinstalling) DP 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11 TITLE DV	HN	HICA JOHN I			81 Nar	ne				
PORT RICHEY FL 34688 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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar way, and accept the application 607.0505. Florida Statutes SIGNATURE Signature of the provisions of Sections 607 0502 and 607.1508. Florida Statutes (NOTE Regulated Agent signature in the factor of the provision's point and title in applications of the provision's point of directors. I hereby accept the appointment as registered agent. I am familiar with a provision's point of directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I hereby accept the appointment as registered agent. I have been directors. I have bee					00 04	at Address (D.O. Par	. No. and the state of the stat			
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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 agent. I am familiar with, and accept the abligations of, Section 607.0505, Florida Statutes. SIGNATURE Stormpton Yined or printed name of registered agent and title in applicable (NOTE Registered Agent signature required when reinability) DATE	, 0,	III INOINEI I E OTOGO			83			···	· · · · · · · · · · · · · · · · · · ·	
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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 and facilities. SIGNATURE Signature Appear or printed name of registered agent and fulls if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP INVESTMENT ADDRESS DITY-SI-ZIP FORT RICHEY FL 34688 1.4 CITY-SI-ZIP DELETE 2.1 TITLE DV INVESTMENT ADDRESS G634 RIDGE RD. PORT RICHEY FL 34688 1.4 CITY-SI-ZIP DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 MAME Addition Additi					84 City	1		E4 85 Zip	Code	
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NAME 4.2 NAME	TITLE		☐ DELETE	4.1 711	LE			☐ Change	Addition	
···	NAME			4.2 N	AME				·	

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 13 if changed, or on an attachment with an address:

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

ful L. Khuli

JOHN L. Histica

4/21/98 (813) 848-769

Change

Addition

Addition

FILED

May 01 1998 8:00am

Secretary of State

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