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

PROFIT



FLORIDA DEPARTMENT OF STATE

1	RPORATION UAL REPORT	EPORT Secretary of State							
1. Corporatio			014185 (9)					
CONS	UMER CONCE	PTS, INC.				i 1 abbiabat wa ababi buni bahit b	1111 41 111 12 11 0 1 141	##	i d a 2 010 i 0 111 l 0 61
Principal Place	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address						
7035 STONI PORT RICH	E RD. Ey Fl 34668		7035 STONE RD. PORT RICHEY FL 34	668					
* A TTO TO THE						3. Date Incorporated or Qualifier 02/20/1995		of Last F	Report
	lace of Business 5 Stone R	h an	2a. Mailing Address 26 7035 St	ono P	d	4. FEI Number		h	Applied For
Suite, Apt.			Suite, Apt. #, etc.	Jone R	Jau	59-3299105	· · · · · · · · · · · · · · · · · · ·		Not Applicable 5 Additional
22			27			5. Certificate of Status Desired			Required
City & State 23 Por	e t Richey,	FI.	City & State Port Ri	aharr	TO T	6. Election Campaign Financing			00 May Be
Zφ	Cou	untry	28 Port Ri	Coun		Trust Fund Contribution 8. This corporation has liability for			d to Fees
24 346	.		34668		S.A.		es No	Cunder s	199.032,
,	9. Name and Ad	dress of Current R	egistered Agent		11 Name	10. Name and Address of New	Registered A	gent	
ZAMPEI	LLA, MICHAEL			L.					
	TONE RD.				Street A	ddress (P.O. Box Number is Not Accept	able)		
PORT R	RICHEY FL 34668			Ē	3				
					4 City		··	BE 7:	p Code
4. Duramont	60 41-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	007.050			1 '		FL	1 1	•
or register	to the provisions of S red agent, or both, in	ections 607.0502 and the State of Florida. t	d 607.1508, Florida Statu Such change was authori	tes, the above zed by the co	e-named corp rporation's b	poration submits this statement for the poard of directors. I hereby accept the ap	urpose of chai	nging its r	registered office
ACTIVITIES 471	th, and accept the of	oligation: of, Section	poz.0303, rionoa Statute	S.				-	ragoni. ran
SIGNATURE	Signature, typical or printe in	e preferent agent and t	michappinatile Michael	1 EL Zai O'E Registered A	npella porit signature req	muled when textstilling	3/8/	96	
12.		OFFICERS AND DI	RECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE NAME	D Zampella, Mi	CHYEI	☐ DELETE	1 1 1)1[1] Change	☐ Addition
STREET ADDRESS	7035 STONE F			12 NAM					
C-1Y-ST ZiP	PORT RICHEY				FI ADDRESS				
Tille	D		DELETE	1.4 CITY 2 1 TITL				Change	Addition
NAME	ZAMPELLA, AD			2 2 NAM	:		L.	, change	
SEREFT ADDRESS	7035 STONE P			2 3 STRE	ET ADDRESS				
CITY - ST- ZIP	PORT RICHEY	FL 34668		24 0114					
T TCF NAME			DELETE	3 1 TITL	ł			Change	☐ Addition
STREET ADDRESS				3 2 NAM	FT ADDRESS				
CITY-ST-ZIP				3.4 CITY					
TILLE			☐ DELETE	4 1 Tifel				Change	Addition
NAMC				4.2 NAME					_
STREET ALIGHESS				4.3 STRE	T ADDRESS				
CHY ST ZIP THE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.4 CiTY					
NAM:	!			5 1 TITLE				Change	Addition
STREET ADDRESS				5 2 NAME	T ADDRESS				
CITY-ST-2IF				54 CITY-					
111,6			DELETE	6 1 THILE				Change	Addition
NAME				6.2 NAMS	1				
STREET ADDRESS				6 3 STREE	T ADDRESS				
C-TY-SI-ZiF				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:

Michae SIGNATURE AND TYPED OB FINITED TAME OF SIGNING OFFICER OR DIRECTOR

Michael Zampella

3/8/96

(813) 848-0927