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Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000025438 (9)

1. Corporation Name
CONSOLIDATED SYSTEMS GROUP, INC.

Principal Place of Business
5795 HARBORSIDE DRIVE
TAMPA FL 33615

Mailing Address
5795 HARBORSIDE DRIVE
TAMPA FL 33615-3686

3. Date Incorporated or Qualified
03/30/1995

3a. Date of Last Report
04/25/1996

2. Principal Place of Business
21 50 Woodridge Cir.
Suite, Apt. #, etc.

2a. Mailing Address
26 50 Woodridge Cir.
Suite, Apt. #, etc.

22 City & State
23 Oldsmar, FL

27 City & State
28 Oldsmar, FL

24 Zip
34677

29 Zip
34677

9. Name and Address of Current Registered Agent
KENNETH G. BARBER
5795 HARBORSIDE DR
TAMPA FL 33615
50 Woodridge Cir
Oldsmar, FL 34677

10. Name and Address of New Registered Agent

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BARBER, KENNETH G
5795 HARBORSIDE DRIVE
TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BARBER, SHARON A.
5795 HARBORSIDE DR
TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
50 Woodridge Cir
Oldsmar, FL 34677

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
50 Woodridge Cir
Oldsmar, FL 34677

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

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

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
500002246185
-07/24/97--01009--011
***550.00

Change Addition

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

Change Addition

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE

[Signature]

[Signature] 412 729 9971

CR2E034 (9/96)