

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 # P95000035995 (6)

1. Corporation Name

CONSULTANTS INTERNATIONAL ORGANIZATION CORP.



Principal Place of Business

Mailing Address

9868 SANDALFOOT BLVD., STE. 3000
BOCA RATON FL 33428

9868 SANDALFOOT BLVD., STE. 3000
BOCA RATON FL 33428

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9868 SANDALFOOT BLVD

26 9868 SANDALFOOT BLVD

4. FEI Number

65-0579551

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3000

27 3000

City & State

City & State

23 BOCA RATON

28 BOCA RATON

Zip

Country

Zip

Country

24 33428

25 PAIM BEACH

29 33428

30 PAIM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEGRIFT, C
9868 SANDALFOOT BLVD., STE. 3000
BOCA RATON FL 33428

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/D ☐ DELETE

NAME C. DRAKE
STREET ADDRESS 9868 SANDALFOOT BLVD #3000
CITY-ST-ZIP BOCA RATON FL 33428

TITLE SECRETARY/TREASURER/D ☐ DELETE

NAME R DRAKE
STREET ADDRESS 9868 SANDALFOOT BLVD #3000
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

R. Drake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

Date

(407) 482-4036

Daytime Phone

CR2E034 (12/95)