


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED  
May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moore</b> Secretary of State DIVISION OF CORPORATIONS																																																													
<b>DOCUMENT # P95000074056 (9)</b> 1. Corporation Name <b>CONSUMERS TECHNOLOGY INC</b>																																																															
Principal Place of Business <b>3050 N. PALM AIRE DRIVE BUILDING #8 - APT. #901 POMPANO BEACH FL 33069</b>		Mailing Address <b>3050 N. PALM AIRE DRIVE BUILDING #8 - APT. #901 POMPANO BEACH FL 33069-3430</b>																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																													
9. Name and Address of Current Registered Agent <b>PORTANOVA, CARLO 3050 N. PALM AIRE DRIVE BUILDING #8 - APT. #901 POMPANO BEACH FL 33069</b>																																																															
10. Name and Address of New Registered Agent Name <b>PORTANOVA, JOSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. PALM-AIRE DRIVE BUILDING #8 - APT. # 901</b> City <b>POMPANO BEACH</b> FL <b>33069</b>																																																															
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 <b>JOSE PORTANOVA</b> DATE <b>4/28/97</b>																																																															
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PORTANOVA, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3050 N. PALM-AIRE DR. BLDG. 8 APT. 901</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>POMPANO BEACH, FL 33069</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PORTANOVA, JOSE		STREET ADDRESS	3050 N. PALM-AIRE DR. BLDG. 8 APT. 901		CITY - ST - ZIP	POMPANO BEACH, FL 33069		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP														
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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, unchanged, or on an attachment with an address.

SIGNATURE:

**JOSE PORTANOVA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/28/97**

Daytime Phone: #

0154580

CR2E034 (9/96)