

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 # P95000076593 (9)

1. Corporation Name

CONSUMER FEEDBACK SERVICES, INC.



Principal Place of Business

Mailing Address

6762 CANARY PALM CIRCLE  
BOCA RATON FL 33433  
850

6762 CANARY PALM CIRCLE  
BOCA RATON FL 33433

2. Principal Place of Business  
21 850 S.W. 19th Ave

2a. Mailing Address  
26 850 S.W. 19th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Boca Raton FL

27 City & State  
28 Boca Raton FL

24 Zip 33486  
25 Country USA

29 Zip 33486  
30 Country USA

3. Date Incorporated or Qualified  
09/29/1995

3a. Date of Last Report

4. FEI Number 65-0616292  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEIGENHEIMER, JOEL  
6762 CANARY PALM CIRCLE  
BOCA RATON FL 33433

81 Name Feigenheimer, Joel  
82 Street Address (P.O. Box Number is Not Acceptable)  
850 S.W. 19th Ave  
83  
84 City Boca Raton FL 85 Zip Code 33486

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FEIGENHEIMER, JOEL  
STREET ADDRESS 6762 CANARY PALM CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Feigenheimer, Joel  
1.3 STREET ADDRESS 850 S.W. 19th Ave  
1.4 CITY-ST-ZIP Boca Raton FL 33486

TITLE D ☐ DELETE  
NAME FEIGENHEIMER, LESLEY  
STREET ADDRESS 6762 CANARY PALM CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Feigenheimer, Lesley  
2.3 STREET ADDRESS 850 S.W. 19th Ave  
2.4 CITY-ST-ZIP Boca Raton FL 33486

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 900001792199  
-04/24/96--01021--015  
5.4 CITY-ST-ZIP \*\*\*200.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Joel Feigenheimer* V.P. Joel Feigenheimer

Date 4-15-96 Daytime Phone 407-362-6267

CR2E034 (12/95)