

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079478 (0)

1. Corporation Name

CONSULTANTS SOUTH, INC.



Principal Place of Business

Mailing Address

5555 HOLLYWOOD BLVD.
SUITE 200
HOLLYWOOD FL 33021

5555 HOLLYWOOD BLVD.
SUITE 200
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

0

2. Principal Place of Business

2a. Mailing Address

21 901 S. State Rd. 7

26 901 S. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Pent House B

27 Pent House B

City & State

City & State

23 Hollywood Broward.

28 Hollywood Fla

Zip

Country

Zip

Country

24 33023

25 Broward.

29 33023

30 Broward.

4. FEI Number

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

HOLLANDER, BRUCE L
5555 HOLLYWOOD BLVD.
SUITE 200
HOLLYWOOD FL 33021

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
ECKER, HAROLD
STREET ADDRESS 5555 HOLLYWOOD BLVD. SUITE 200
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE

CP2E034 (3/96)