FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000079478 (0)

CONSULTANTS SOUTH, INC.

97 APR 22 PM 3: 00 SECRETARY OF STATE

						11	YL LAI					
Princinal Place	o of Business	Mailing	Mailing Address				·					
Principal Place of Business 801 S. STATE RO. 7 PENTHOUSE B HOLLYWOOD FL 33023		901 S. S' PENTHOL	901 S. STATE RD. 7 PENTHOUSE B HOLLYWOOD FL 33023-8700									
1002/11005		1,000,111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••				Date incorporated or Qual 10/17/1995		Date of Last F /19/1996	Report	
· -	lace of Business	}—	ng Address					FEI Number	UB63	2 VA	oplied For	
Suite, Apt	# ole	26 Suite	, Apt. #, etc.					APPLIED FOR WOO	00000	1 111	ot Applicable	
22	# ₁ (10	27	, Apt. #, 610,				5.	Certificate of Status Desire	d 🔲		Additional equired	
City & State)		City & State				6.	Election Campaign Financ		\$5.00	May Be	
23		28	· • · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution			to Fees		
. Ζ φ	Country Zip			30	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Curre		Agent	[30]	7		10.	Name and Address of Ne				
HOL	LANDER, BRUCE L	····································			81	Name						
	HOLLYWOOD BLVD.				82			DER, BRUCE I				
	E 200					901	Sou	P. Box Number is Not Acc	a 7'			
HOH	LYWOOD FL 63021-				83	Pent	thou	se C				
· [84	City			F		Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 150	08 Florida Statut	es the	above	HO1	LUWO Progratio	od n submits this statement for			3 3 0 2 3	
office or n	egistered agent, or both, in the Stat m tamiliar with and accept the obli	te of Florida, Su	ch change was .	authoriz	red by	the cornar	ation's t	loard of directors. I hereby	accept the ap	pointment as	registered	
SIGNATURI	2 Hale	ganona or, boot				iollar	nder	→ I	March	31, 1	997	
SIGNATURI	Signature typed or profed name of registered a		able (NO			nt signature req	uired when	reinstating)	DATE			
12.	PD OFFICERS A	ND DIRECTORS	DELETE	13	I. TITLE			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12	
JULE NAME	ECKER, HAROLD		L. DELETE		NAME					TIN CHANGE	L. J Addition	
STREEL ADDRESS 5555 HOLL WOOD DLVD: SUITE 20						901	South State	Road 7	'. PH-E	3		
CITY-ST-ZIP	HOLLYWOOD FL 88021				CITY-S		4011	ywood, Flori	da 330	23		
THE	100 100 100 100 100 100 100 100 100 100		DELETE	2.1	TITLE					Change	Addition	
KAME				22	NAME				~ 4 [- 4	E () ()	А	
STREET ADDRESS						AODRESS		500 00	55.47.	01047	008	
CHY-SI-ZP (DELETE		TITLE	ST-ZIP		60000 -04/ ***	*165.00	神神性常	6 5. 000	
NAME					NAME							
'STREET ADORESS						ADDRESS						
City-\$1 Zir				3.4	CITY-S	IT-ZIP						
APLE			DELETE		TITLE	1				Change	Addition	
- NAME					2 NAME							
STHEFT ADDRESS						ADDRESS						
CITY-ST ZIF			DELETE		CITY-S	1 · ZIP				Change	Addition	
NAME				1	NAME							
STREET ADDRESS						ADDRESS						
CHY-ST ZIP					CITY-S	1						
THLE			DELETE	61	TITLE	Ţ		AD 101	ን	Change	Addition	
-NAME				6.2	NAME]		17900	•			
(STREET ADDRESS				6.3	STREET	ADDRESS		$(\mathcal{O}_{\mathcal{N}})^{\mathcal{V}}$				

14. It 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 ham 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 changed, or on an attachment with an address.

SIGNATURE

SAMATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

March 31, 1997

Dayline Phone #