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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083019 (6)

1. Corporation Name

CONSULTANT AND TECHNICAL SERVICES, INC.



Principal Place of Business

295 SOUTH COURT STREET
BRONSON FL 32621

Mailing Address

295 SOUTH COURT STREET
BRONSON FL 32621

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

21 17851 NESTRO

2a. Mailing Address

26 Suite, Apt. #, etc.
P.O. BOX 943

4. FEI Number

59-3355200

Applied For

Not Applicable

Suite, Apt. #, etc.

22 121 WILLISTON FL

City & State

23 Zip 32696 Country USA

24 32696 25 USA

29 32696 30 LEVY

9. Name and Address of Current Registered Agent

STEVENS, DANNY H
295 SOUTH COURT STREET
BRONSON FL 32621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DANNY H. STEVENS DA

Danny H. Stevens

7/29/96

Signature typed or printed name of registered agent (if not applicable)

Date of Registered Agent signature required when registering

DAY

12. OFFICERS AND DIRECTORS

TITLE DP

NAME STEVENS, DANNY H
STREET ADDRESS 295 SOUTH COURT STREET
CITY-ST-ZIP BRONSON FL 32621

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: DANNY STEVENS DA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny H. Stevens

7/29/96

DAY

CR2E034 (12/95)