

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000086160 (5)**

1. Corporation Name:
CERTIFIED TRUTH CONSULTANTS, INC.



Principal Place of Business
**321 WEST FRANKLIN STREET
OVIEDO FL 32765**

Mailing Address
~~**321 WEST FRANKLIN STREET
OVIEDO FL 32765**~~

2. Principal Place of Business
21 **321 W. FRANKLIN ST.**
Subs., Apt., #, etc.

2a. Mailing Address
26 **POST OFFICE BOX 622092**
Subs., Apt., #, etc.

23 **OVIEDO**
City & State

28 **OVIEDO**
City & State

24 **32765** 25 **SEMINOLE**
Zip Country

29 **32762** 30 **SEMINOLE**
Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name **MICHAEL D. BRICK**

82 Street Address (P.O. Box Number is Not Acceptable)
321 W. FRANKLIN ST

84 City **OVIEDO**

85 FL Zip Code **32765**

3. Date Incorporated or Qualified
11/08/1995

3a. Date of Last Report
1ST REPORT

4. FEI Number
59-3348178 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 duties of Sections 607.05(2) and 607.1504, Florida Statutes.

SIGNATURE **Michael D. Brick** **MICHAEL D. BRICK, PRESIDENT** **2/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRICK, MICHAEL D	
STREET ADDRESS	321 WEST FRANKLIN STREET	
CITY-STATE-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 resident 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 I am not an attachment with an address.

SIGNATURE: **Michael D. Brick** **MICHAEL D. BRICK, PRES** **2/26/96** **407 359-1103**

CR2E084 (12/95)