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

PROFIT
CORPORATION
ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093301 (6)

CONSOLIDATED BUSINESS GROUP, INC.

Mailing Address Principal Place of Business 8380 NORTHWEST SOTH COURT 9380 NORTHWEST 39TH COURT **OORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065-1500 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1995 07/19/1996 2. Principal Place of Business 2s, Mailing Address FEI Number Applied For 21 26 NOT\_APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOUTH FLORIDA REGISTERED AGENTS, INC. 200 EAST LAS OLAS BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1900 B3** FT. LAUDERDALE FL 33301 84 City 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, typod or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE TITLE Addition Change 11 11111 PURSGLOVE, GEORGE NAME 1.2 NAME STREET ADDRESS 9380 N.W. 39TH COURT 1.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 \$TREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TILLE ☐ Change \_\_\_ Addition NAME 4. P NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 11118 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE ☐ Change TITLE \_\_\_ Addition 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

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

14. I 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

4/107 (954) 24/1/-

**FILED** 

May 02 1997 8:00am

Secretary of State