

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

DOCUMENT # **P95000094217 (3)**

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1. Corporation Name
CONSOLIDATED INDUSTRIES OF AMERICA, INC.

SECRETARY OF STATE



Principal Place of Business: **1280 SOUTH POWERLINE ROAD, SUITE 204 POMPANO BEACH FL 33069**
Mailing Address: **1280 SOUTH POWERLINE ROAD, SUITE 204 POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **12/12/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **650-62-4553**
5. Certificate of Status Desired: **R** \$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

2. Principal Place of Business:
21. **9200 Highland Woods Blvd**
22. Suite, Apt #, etc: **1209**
23. City & State: **Bonita Springs, FL**
24. Zip: **34135** 25. Country: **USA**
26. Mailing Address: **P.O. Box 395**
27. Suite, Apt #, etc: [Blank]
28. City & State: **Bonita Springs, FL**
29. Zip: **34133** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name: **Ernest Colby**
82. Street Address (P.O. Box Number is Not Acceptable): **9200 Highland Woods Blvd #1209**
83. [Blank]
84. City: **Bonita Springs** FL 85. Zip Code: **34135**

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: *Ernest G Colby* Ernest G Colby 7/31/96

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	COLBY, ERNEST G	
STREET ADDRESS	1280 SOUTH POWERLINE ROAD, SUITE 204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLBY, NORMAN C SR.	
STREET ADDRESS	1280 SOUTH POWERLINE ROAD, SUITE 204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Colby, Ernest G	
3. STREET ADDRESS	9200 Highland Woods Blvd #1209	
4. CITY-ST-ZIP	Bonita Springs FL 34135	
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Colby, Norman C Sr.	
7. STREET ADDRESS	9200 Highland Woods Blvd #1209	
8. CITY-ST-ZIP	Bonita Springs FL 34135	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

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Ernest G Colby

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 change, or on an attachment with an address.

SIGNATURE: *Ernest G Colby* Ernest G Colby 7/31/96 941-498-6346

CR2E034 (12/95)