

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

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000000435 (3)**

1. Corporation Name  
**TRADERS CONSORTIUM INC.**

Principal Place of Business  
**1505 SW 20TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address  
**1505 SW 20TH STREET  
FORT LAUDERDALE FL 33315-1821**



2. Principal Place of Business 21 <b>1516 SW 25TH ST</b> Suite, Apt. #, etc. 22 <b>FT. LAUDERDALE, FL</b> City & State 23 Zip 24 <b>33315</b>		2a. Mailing Address 26 <b>P.O. Box - 21701</b> Suite, Apt. #, etc. 27 <b>FT. LAUDERDALE, FL</b> City & State 28 Zip 29 <b>33335-1701</b>		3. Date Incorporated or Qualified <b>01/03/1986</b>		3a. Date of Last Report	
Country 25 <b>U.S.A</b>		Country 30 <b>U.S.A</b>		4. FEI Number <b>65-0629700</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RAHMAN, GOLAMUR 1505 SW 20TH STREET FORT LAUDERDALE FL 33315</b>				10. Name and Address of New Registered Agent 81 Name <b>RAHMAN, GOLAMUR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1516 SW 25TH ST</b> 83 84 City <b>FT. LAUDERDALE</b> FL 85 Zip Code <b>33315</b>			

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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>RAHMAN, GOLAMUR</b> <b>1505 SW 20TH STREET</b> <b>FORT LAUDERDALE FL 33315</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD <b>RAHMAN, GOLAMUR</b> <b>1516 SW 25TH ST.</b> <b>FT. LAUDERDALE, FL-33315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GOLAMUR RAHMAN**

**4/16/97 (954) 523-7305**

Date

Daytime Phone #

0274087

CR2E034 (9/96)