


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

FILED

Apr 29 1997 8:00am  
Secretary of State

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

DOCUMENT # **P96000023150 (1)**

1. Corporation Name  
**CORPORATE GROWTH CONSULTANTS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2808 NORTHEAST 23RD STREET<br/>FORT LAUDERDALE FL 33305</b> | Mailing Address<br><b>2808 NORTHEAST 23RD STREET<br/>FORT LAUDERDALE FL 33305-2808</b> |
|---|--|

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>03/14/1996</b>   | 3a. Date of Last Report                                |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>65-0665 988</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HUSKEY, J. DAVID JR.<br/>2455 E. SUNRISE BLVD.<br/>PENTHOUSE WEST<br/>FORT LAUDERDALE FL 33304</b> |  | 10. Name and Address of New Registered Agent |  |
|  |  | 81   | Name   |
|  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  | 83   |  |
|  |  | 84   | City   |
|  |  | 85   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | <b>SD</b>                                    | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GORDON, SETH</b>                          | 1.2 NAME  |  |
| STREET ADDRESS             | <b>4203 SALZEDO STREET</b>                   | 1.3 STREET ADDRESS                                    | <b>444 Brickell Ave Suite 1050</b>   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33146</b>                 | 1.4 CITY-ST-ZIP                                       | <b>Miami, FL 33131</b>   |
| TITLE                      | <b>PTD</b>                                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GRIFFITH, G. KAY</b>                      | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2808 NORTHEAST 23RD STREET</b>            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33305</b>              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VD</b>                                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MC GEE, C. EDWARD JR.</b>                 | 3.2 NAME  |  |
| STREET ADDRESS             | <b>2455 E. SUNRISE BLVD., PENTHOUSE WEST</b> | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33304</b>              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b>                                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BARER, HEIDI</b>                          | 4.2 NAME  |  |
| STREET ADDRESS             | <b>905 S. BAYSHORE DRIVE, SUITE 727</b>      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33131</b>                        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

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 if changed, or on an attachment with an address.

SIGNATURE: **A. Kay Griffith** **G. Kay Griffith** 4/21/97 566-7907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)