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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000056950 (4)

1. Corporation Name

CONSUMER GROUP SERVICES OF TAMPA, INC.



Principal Place of Business

29399 US 19 NORTH #280
CLEARWATER FL 34621

Mailing Address

29399 US 19 NORTH #280
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 29399 US 19 N.

Suite, Apt. #, etc.

22 290

City & State

23 CLEARWATER, FL

Zip

Country

24 33761

25 USA

2a. Mailing Address

26 29399 US 19 N.

Suite, Apt. #, etc.

27 290

City & State

28 CLEARWATER, FL

Zip

Country

29 33761

30 USA

3. Date Incorporated or Qualified

07/05/1996

4. FEI Number

59-3389837

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIANA, NICHOLAS
29399 US 19 NORTH #280
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

NICHOLAS DIANA

82 Street Address (P.O. Box Number is Not Acceptable)

29399 US 19 N.

83

STE. 290

84 City

CLEARWATER

FL

85 Zip Code
33761

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

TITLE ☐ DELETE
NAME DIANA, NICHOLAS
STREET ADDRESS 188 RUE DES CHATEAUX
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE
NAME SCHULER, JAMES F
STREET ADDRESS 2800 N.W. 121 AVENUE
CITY-ST-ZIP PLANTATION FL 33323

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

CR2E034 (10/97)