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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063798 (8)

CONSOLIDATED TELECOM CORPORATION

Principal Place of Business Mailing Address

960 FERNSHIRE COURT 360 FERNSHIRE COURT
PALM HARBOR FL 34683 PALM HARBOR FL 34683-59

FILED May 14 1997 8:00am Secretary of State



360 FERNSHIR PALM HARBOR		360 FERNSHIRE COURT PALM HARBOR FL 34683-590	D1					
					3. Date Incorporated or Qualified 07/30/1996	3a. Date o	if Last F	Report
	Place of Business	2a. Mailing Address			4. FEI Number	,	[[A	pplied For
	Bec Ridge Rel	26 4515 Ber	<u>K.J.</u>	LK.	1 65-0694475	<u> </u>	N	ot Applicable
Suite, Apt.		Suito, Apt. #, etc. 27 1/16#1454			5. Certificate of Status Desired	\$		Additional lequired
City & State	sote FL	City & State 28 Sarasata	FC		Election Campaign Financing Trust Fund Contribution			May Be to Fees
^{Zip} 342			Countr 30	y]Yes □ N	lo	3. 199 032,
	9. Name and Address of Curren	Registered Agent		1	10. Name and Address of New Ro	gistered Age	nt	
	ZARI, PETER R		81	Namo				
360 FERNSHIRE COURT PALM HARBOR FL 34683				<u> </u>	Address (P.O. Box Number is Not Accepta	ble)		
			83	<u> </u>				
			84	City		FL 8	5 Zip	Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered ages	ilions of, Section 607.0505, Flori	ida Statuto	s.	poration's board of directors. Thereby acce	pt the appoint	nont as	; registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		RECTOR	RS IN 12
TITLE	D	DELETE	11 MILE		10P 61 P	<u> </u>	Change	Addition
NAME	LAZZARI, PETER R		1.2 NAME		Lazzeri, Beter R. 360 Franzhive Cd.			
STREET ADDRESS	% 360 FERNSHIRE COURT		13 STREE	t audress	360 Franshive Ca.			
CITY-ST-ZIP	PALM HARBOR FL 34683	Decem	1.4 CITY -	St - ZIP	Pela Herber Fl 34	P8.7		
TITLE	Chairnen Haster	☐ DELETE	2.1 1111.6			L	Change	Addition
NAME STREET ADDRESS	4515 Br. Ridg. Re		3.5 NVWE	T ADDOM OD				
STREET ADDRESS	Savasatz FC 3423	23.	2.4 CITY-	T ADDRESS				
TITLE	3.7.38.2	DELETE	31717(6	31-21		П	Change	Addition
NAME		_	3.2 NAME			_		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. C(1)					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	t address				
CITY-ST-ZIP		PT 22.55	4.4 CITY-	ST - 71F				<u> </u>
TITLE		☐ DELETE	5 1 TITLE			LJ	Change	Addition
NAME	}		5.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 GHY- 6.1 THLE	S1 - ZIP			Change	Addition
NAME		Ŭ DECE IL	6 2 NAME				очинус	AUGILIUI
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP]							
	by certify that the information supplies	with this filing does not qualify	64 CITY		lated in Section 119 07/3(i) Florida Statute	or I further on	rtify that	t the

4. 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 eath; that I am an officer or director of the corporation of 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 chapter 607 and all athment with an addies.

CIONATURE.

1301

(800)948 236