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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600080864 (7)

CONSUMER HOLDINGS, INC. Principal Place of Business Mailing Address 6580 PONDAPPLE ROAD 6580 PONDAPPLE ROAD **BOCA RATON FL 33433-1927 BOGA RATON FL 33433** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1996 2. Principa! Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country a. This corporation has liability for infangible tax under s. 199.032, Florida Statutes
 IV Yes
 No 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent WEIN AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 6580 PONDAPPHE RD 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. I am faturar with red facept the obligation of Section 607,0505, Florida Statutes. SIGNATURE ulred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. **PSTD** DELETE Addition Change TITLE 1.1 TITLE WEIN, HUBERT 1.2 NAME NAME 6580 PONDAPPLE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - 7/P 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change 41 TULE THEF NAM 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY+ST+ZIP DELETE Change Addition TOLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAMI 6.2 NAME

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 Rinck 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NUDER 1 WEIN TREE

RPRIV 28,97

561-852-986

FILED

May 06 1997 8:00am

Secretary of State

Daytime Phone #