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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000087753 (5)

٠.			
3	Principal Place of Business	Mailing Address	
	6044 GLENDALE DRIVE	6044 GLENDALE DRIVE	
	BOCA RATON FL 33433	BOCA RATON FL 33433	

FILED Feb 06 1998 8:00am Secretary of State

CONS	OLIDATED EQUITIES & CO	NSULTING, INC.			1811) 1881) 1888) 8118 (N.) 1881
Principal Play	ce of Business	Mailing Address		—	<u>itial (68)4 1000) girigo</u> kan (60)
8044 GLENDALE DRIVE 6044 GLENDALE DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
	<u> </u>			10/22/1996	
	Place of Business	2a, Mailing Address		4. FEI Number 65-0731415	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt	.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		U. Comments of Change Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζίρ	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		III Lodistaion Wasir	81 Name	10. Hame and Address of Hen Anglistere	on Wildelle
	NSON, GEORGE S #605				
1	29 E COMMERCIAL BLVD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1	LAUDERDALE FL 33308		83		· · · · · · · · · · · · · · · · · · ·
			••		
ļ			84 City		85 Zip Code
11 Divenant	to the provisions of Sections 607 OF	02 and 607 1509 Florida Statuto	e the above pared core	poration submits this statement for the nursess	of phonging its registered
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
agent. I t	am familiar with, and accept the obliq	ations of, Section 607,0505, Flor	rida Statules.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable /NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	MILLER, JAMES E		1.2 NAME		
STREET ADDRESS	6044 GLENDALE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CURY, CHRISTOPHER T		2.2 NAME		
STREET ADDRESS	7189 NW 49 STREET		2.3 STREET ADDRESS		į
CITY-ST-ZIP	FT LAUDERDALE FL 33319		2 4 CITY-ST-ZIP		
TITLE	D	★ DELETE	3.1 TITLE		Change Addition
NAME	NAPIER, LINDRICK C	•	3.2 NAME		İ
STREET ADDRESS	2822 MONACO TERRANCE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
OTY-ST-ZIP			4.4 CITY-ST-ZIP		İ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	i i		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ľ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT. 7IP			CACITY OT 710		

14. Thereby 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 receives of hystee employee to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

(561) 747-2784