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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000035997

1. Corporation Name

CONSOLIDATED FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
11620 COLUMBIA PARK DRIVE #E JACKSONVILLE FL 32258	11620 COLUMBIA PARK DRIVE : JACKSONVILLE FL 32258

Mar 05, 1999 8:00 am Secretary of State

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							-	3. Date Incorporated or Qualife		SPACE	
								04/22/1997			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21		26						<u>59-3459225</u>			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional Required
22		27									
City & State	e	\vdash	City & State					6. Election Campaign Financin	g 🖸		May Be
23		28	2:-				 ∤	Trust Fund Contribution			d to Fees
Zip	Country	\vdash	Zip	$\overline{}$	ountry		i	8. This corporation owes the co	urrent year in	itangible Yes	□No
24	25	29	Laured Amont	30			L	Personal Property Tax. 10. Name and Address of New	v Registered		
	9. Name and Address of Curre	ent Kegisi	tered Agent		81	Name		10. Name and Address of Nev	· registered	- Agoin	
TAYI	LOR, CHRISTOPHER A								***		
	20 COLUMBIA PARK DRIVE #E				82	Street A	ddres	s (P.O. Box Number is Not Acce	ptable)		ţ
	KSONVILLE FL 32258				83						
UNCI	NOONVIELE ! E GEESG				83						
					84	City			FI	85 Z	p Code
			7 4500 Flid- Ot-b	41				ation automita this statement for th			its registered
11. Pursuant i	to the provisions of Sections 607.05	02 and 60)/.1508, Fiorida Statul	ies, ine	above	-named o	sorpora	ation submits this statement for the	rent the anno	intment as	registered
office or re	edistered agent, or both, in the Stati	e of Horia	la. Such change was a	uthoriz	ed by i	the corpor	ration	S Dogid of directors, I hereby act	sebr me abbe	militarionic do	109.010.00
office or re agent. I ar	registered agent, or both, in the State m familiar with, and accept the oblig	e of Florid pations of,	a. Such change was a Section 607.0505, Flo	authoriz	ed by t	the corpor	ration's	s board of directors. Thereby act	cept the appo	and the co	Togictoroa
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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, of on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

ED OR REINTED NAME OF SIGNING DEFINER OR DIRECTOR