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

∂ROFIT * CORPORATION **ANNUAL REPORT** 1999

Principal Place of Business



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057225

CONSUMERS INTEREST SAVINGS CORPORATION

3250 CHASE AVENUE MIAMI BEACH FL 33140		3250 CHASE AVENUE MIAMI BEACH FL 33140			
2. Principal Place	of Business	2a. Mailing Address			
21		26			
Sulte, Apt. #, et	с.	Suite, Apt #, etc.			
22		27			
City & State		City & State			
23		28			
Zip	Country	Zip	Country		
	[00]	ا موا	[an]		

9. Name and Address of Current Registered Agent

Mailing Address

MOSES, JUDY 3250 CHASE AVENUE MIAMI BEACH FL 33140

82 Street

81 Name

APPROVEL

99 MAY -5 PH 1:01

SECRETARY OF STATE TALL AHASSEE, FLORIDA



4.	06/30/1997 Ft I Number		1.1	Applied For	
	65-0763223			Applied For Not Applicat	
5.	Certificate of Status Desired	1+		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	[]		\$5.00 May Be Added to Fees	
8.	This corporation owes the curr Personal Property Tax	ent year	Intangible []]Yes	™ No	
10.	Name and Address of New F	Registere	d Agent		

11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, 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.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER:
TITLE	PTD DELETE	TETITLE	
NAME	MOSES, JUDY	12 NAME	20000286
STREET ADDRESS	3250 CHASE AVE	13 STREET ADDRESS	-05/07/99
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	****150.
TITLE	☐ DELFTE	2 1 THEE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-S1-7#	
TITLE	[] DELETE	3 1 TITLE	
NAME		3.2 NAME.	
STREET ADDRESS		33 STREET ADDRESS	
CITY-\$T-ZIP		34 CITY-ST-ZIP	
TITLE	[]] DELETE	4 1 TITLE	
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADORESS	
CITY-ST-ZIP		4.4 CITY-\$1-70°	
TITLE	[ˈ] DELETE	51 TifLF	
NAME		5.2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 City-St-ZiP	
TITLE	DELETE	61 TITLE	$\lambda h \lambda \sim$
NAME		62 NAME	11/15/15
STREET ADDRESS		6.3 STREET ADORESS	11,2/2

AND DIRECTORS IN 12 37932--0 ---01123---003 [[Change []Addition

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[]Change []Additor

[Addition

[] Change [] Addition

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 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, with all other like empowered.



Dayton Phine #

CR2E034 (11/98