PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101074

1. Corporation Name

CONSOLIDATE EQUITY FUNDING CORP.

Principal Place of Business	Mailing Address
7914 PALACIOS DEL MAR DR. BOCA RATON FL 33404	7914 PALACIOS DEL M BOCA RATON FL 33404

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90139 043 ***150.00



Principal Place	e of Business	Mai	ling Address					##1#()(#(I	######################################	DIE! ()	
7914 PALACIOS			PALACIOS DEL MAR	DR.							
BOCA RATON FL 33404 BOCA RATON FL 33404				DO NOT WRITE IN THIS	SPACE	.•	D				
							3. Date Incorporated or Qualifed				
							12/01/1997			• 1	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Appl	ied For	
21		26					65-0793750		Not a	Applicable	
Suite, Apt. #, etc. 5			Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & Stat	e		City & State				6. Election Campaign Financing Trust Fund Contribution		.00 M	lay Be.	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year in			1	
24	25	29	- •	30	•		Personal Property Tax.	Yes)	INO	
	9. Name and Address of Curre		red Agent	14-1	П		10. Name and Address of New Registered	Agent			
					81	Name				` '	
	OHUE, FRANCES				82	Stroot Addro	ss (P.O. Box Number is Not Acceptable)				
	N. OCEAN DR.				02	Sueer Addre	as (F.O. Box Multipel is Not Acceptable)			- 1	
SING	BER ISLAND FL 33404				83						
					84	City		85	Zip Co	vde	
					04	City	FL	_ "	Lip Qu		
office or n	egistered agent, or both, in the Stat	e of Florida	. Such change was a	iuthorized	yd b	the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing intment a	g its re ıs regi	egistered stered	
agent. I a	m familiar with, and accept the obliq	ations of, S	Section 607.0505, Flo	rida Stat	utes.	•				İ	
SIGNATURE	Signature, typed or printed name of registered a	ant and title if	noniceble (NOTE	- Registerer	l Agen	nt signature required	when reinstating) OATE		<u> </u>		
12.	OFFICERS A		<u>`` </u>	13.		it signature required	· ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	S IN 12	
TITLE	P		☐ DELETE	1.1 TI	TLE			Cha		Addition	
NAME	DONOHUE, FRANCES		•	12 N	AME				•		
STREET ADORESS	5440 N OCEAN DR			1.3 \$	TREET	ADDRESS					
CITY+ST-ZIP	SINGER ISLAND FL 33404			1.4 C	ITY-S	T-ZIP				i	
TITLE			☐ DELETE	2.1 TI				☐ Cha	nge	Addition	
NAME				2.2 N	AME						
STREET ADDRESS				2.3 S	TREET	ADDRESS	••				
CITY-ST-ZIP				2.40	ITY-S	T-ZIP					
TITLE			DELETE	3.1 TI	TLE			Cha	nge	Addition	
NAME	المرابعة ال المرابعة المرابعة ال	- يەرەنىد		3.2 N	AME						
STREET ADDRESS				3.3 S	TREET	ADDRESS	•				
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP					
TITLE	•		☐ DELETE	4.1 TI	TLE			☐ Cha	nge	☐ Addition	
NAME				4.21	IAME		· .			ł	
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	TY-S1	T-ZIP					
TITLE			□ DELETE	5,1 T			•	☐ Cha	nge	Addition	
NAME	The second of th			5.2 N			•				
STREET ADDRESS	`u			5.3 S	TREET	T ADDRESS				Í	
CITY-\$T-ZIP					ITY-S	T-ZIP					
TITLE			☐ DELETE	6.1 ₮				Cha	nge	Addition	
NAME				6.2 N						Ì	
STREET ADDRESS						ADDRESS				-	
CITY-ST-ZIP	•			6.4 C	ITY-S	T-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 tastee 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.