

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 MAY -1 AM 8:55
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S24698 (0)
1. Corporation Name:
CONSOLIDATED PLANNING ASSOCIATES INC.

Principal Place of Business
**214 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418**

Mailing Address
**214 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1991** 3a. Date of Last Report **03/23/1994**
4. FBI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. This corporation is liable for intangible tax under § 190.005, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc. 26 Suite Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 City & State
24 25 29 30

9. Name and Address of Current Registered Agent

**SALVATORE, AMEDEO V., JR.
214 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, 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.

SIGNATURE

Signature of the person appointed as registered agent or the corporation

Signature of the person appointed as registered agent or the corporation

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **D**
NAME **SALVATORE, AMEDEO V., JR**
STREET ADDRESS **214 OLD MEADOW WAY**
CITY, ST, ZIP **PALM BEACH GRDSN. FL 33418**
2. TITLE **S**
NAME **SALVATORE, MARY L**
STREET ADDRESS **214 OLD MEADOW WAY**
CITY, ST, ZIP **PALM BCH GDNS FL 33418**
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE:

A.V. Salvatore Jr.
A.V. Salvatore
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/28/95
DATE

(407) 622-5677
TELEPHONE NUMBER