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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:56

DOCUMENT # V02464 (8)

1. Corporation Name
CUSTOM CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1623 NORTHGATE BLVD. SARASOTA FL 34234	1623 NORTHGATE BLVD. SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21: 4152 INDEPENDENCE CT,
Suite, Apt. #, etc. 22: STE C-6
City & State 23: SARASOTA
Zip 24: 34234 Country 25:

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0299823 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, BRUCE F.
7753 SATATE ROAD 72
SARASOTA FL 34241

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 607.1508, 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, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PERRY, WILLIAM R.	12 NAME	
STREET ADDRESS	4745 MALORY PLACE	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PERRY, CAROLE A.	22 NAME	
STREET ADDRESS	4745 MALORY PLACE	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BADIALI, JOHN A	32 NAME	
STREET ADDRESS	10 OPAL AVE	33 STREET ADDRESS	
CITY ST ZIP	MIDDLEBORO MA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHMITT, RONALD	42 NAME	
STREET ADDRESS	1015 WOODRIDGE BLVD	43 STREET ADDRESS	
CITY ST ZIP	LANCASTER PA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TERRANO, JEANETTE	52 NAME	
STREET ADDRESS	200 E 27TH ST 2-P	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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.

SIGNATURE: William R. Perry (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) William R. Perry PRES. 3-27-95 (Date) 813 355-0360 (Daytime Phone)

0340487 CP