

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

1996 AUG 29 AM 10: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V15117 (7)

1. Corporation Name

CONSOLIDATED HOME SERVICE, INC.

Principal Place of Business

9075 SW 87TH AVE  
STE 405  
MIAMI FL 33176  
US

Mailing Address

9075 SW 87TH AVE  
STE 405  
MIAMI FL 33176  
US

3. Date Incorporated or Qualified  
02/19/1992

3a. Date of Last Report  
06/08/1995

4. FEI Number

65-0349134

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

PATRICK, MARTIN HOWARD PA  
420 LINCOLN ROAD #285  
MIAMI BEACH FL 33139

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, type or printed name of registered agent and title if applicable.

(If 11th Registered Agent signature is required, attach herewith.)

(11th)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P  
ABRAMS, LISA  
10981 SOUTHWEST 121 STREET  
MIAMI FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

ST  
ABRAMS, CHRIS  
10981 SOUTHWEST 121 STREET  
MIAMI FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY - ST - ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY - ST - ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY - ST - ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY - ST - ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY - ST - ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY - ST - ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY - ST - ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY - ST - ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY - ST - ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY - ST - ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY - ST - ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY - ST - ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY - ST - ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY - ST - ZIP

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY - ST - ZIP

221 TITLE 222 NAME 223 STREET ADDRESS 224 CITY - ST - ZIP

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251 TITLE 252 NAME 253 STREET ADDRESS 254 CITY - ST - ZIP

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281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY - ST - ZIP

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301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY - ST - ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY - ST - ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY - ST - ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY - ST - ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY - ST - ZIP

351 TITLE 352 NAME 353 STREET ADDRESS 354 CITY - ST - ZIP

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\*\*\*225.00 \*\*\*225.00

CR2E034 (3/96)

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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR