

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V15117 (7)

1. Corporation Name
CONSOLIDATED HOME SERVICE, INC.



Principal Place of Business 8075 SW 87TH AVE STE 405 MIAMI FL 33176 US	Mailing Address 8075 SW 87TH AVE STE 405 MIAMI FL 33176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12444 SW 117 COURT Suite, Apt. #, etc.	2a. Mailing Address 26 Same
22 City & State 23 miami, FL	27 City & State
24 Zip 33176	25 Country USA

3. Date Incorporated or Qualified 02/19/1992	4. FEI Number 65-0349134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PATRICK MARTIN M.P.A.
~~420 LINCOLN ROAD #285~~
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name NATHAN NEWMAN
82 Street Address (P.O. Box Number is Not Acceptable) 7328 SW 48 STREET
83
84 City miami
85 Zip Code FL 33155

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]* **NATHAN NEWMAN** DATE: 4/17/98

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	ABRAMS, LISA	STREET ADDRESS	10981 SOUTHWEST 121 STREET	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	ST	NAME	ABRAMS, CHRIS	STREET ADDRESS	10981 SOUTHWEST 121 STREET	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	1.2 NAME	Abrams, Lisa	1.3 STREET ADDRESS	12905 SW 102 COURT	1.4 CITY-ST-ZIP	miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	ST	2.2 NAME	Abrams, Chris	2.3 STREET ADDRESS	12905 SW 102 COURT	2.4 CITY-ST-ZIP	miami, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]* DATE: 3/4/98 305-251-1194

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