

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90036 012 \*\*\*150.00

DOCUMENT # V18496

1. Corporation Name

CONSUMERS INSURANCE GROUP, INC.



Principal Place of Business

902 W BUSCH BLVD #102  
TAMPA FL 33612  
US

Mailing Address

902 W BUSCH BLVD #102  
TAMPA FL 33612  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1992

4. FEI Number

59-3112125

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JORGENSEN, PREBEN  
18711 LAKESHORE DRIVE  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name Jorgensen, Preben  
82 Street Address (P.O. Box Number is Not Acceptable)  
15420 Livingston Ave.  
83 # 2404  
84 City Lutz, FL 85 Zip Code 33549

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]*  
City, State, and Zip typed or printed name of agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2499

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JORGENSEN, PREBEN  
STREET ADDRESS 18711 LAKESHORE DRIVE  
CITY-STATE-ZIP LUTZ FL

☐ DELETE

TITLE VP  
NAME RANDAZZO, VINCENT J  
STREET ADDRESS 1008 SAMY DRIVE  
CITY-STATE-ZIP TAMPA FL 33613

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Jorgensen, Preben  
1.3 STREET ADDRESS 15420 Livingston Ave. #2404  
1.4 CITY-STATE-ZIP Lutz, FL 33549

☒ Change  
(address) ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (813) 936-1500  
Date Daytime Phone #

CR2E034 (11/98)