PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortiam

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V26178

(6)

CONSORTIUM ASSET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



154 PARK AVE WINTER-PARK	-800TH FL 32789	154 PARK AVE SOUTH WINTER PARK FL 32789-4315	;		
US		US /		3. Date Incorporated or Qualified 04/01/1992	3a. Date of Last Report 04/26/1996
	Place of Business	2a. Mailing Address	1 40	4. FEI Number	Applied For
21 180		26 /BO S, K 40	wes Ave	59-3118820	Not Applicable
Sulte Apt	#, etc. +e 3	Suite, Apt. #, etc. 27 Suite 7		5. Certificate of Status Desired	S8.75 Additional Fee Required
23 City & Stat	TTER Park FC	28 Winter Co	*FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 327	739 Country 25 9, Rame and Address of Current F	29 32789 30	Country		Yes No
	· · · · · · · · · · · · · · · · · · ·	registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
	LISON, HARRY W. JR.		o I vanic		
	PARK AVENUE 90UTH / TER PARK FL 32789		10	dress (P.O. Box Number is Not Alceptable	e) Ave
			83 54	ite 3	
			84 City	Ter Park	FL 85 Zip Code 227R9
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the pu	rpose of changing its registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Floric	da Statutes.	ration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	and the				
12.	Signature, typed or printed name of egistered agent a		egistered Agent signature req		DATE
TITLE	OFFICERS AND I	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME /	GREEN MICHAEL, L.		1.2 NAME	CX V/ T	
STREET ADDRESS	154 PARK AVENUE S		1.3 STREET ADDRESS	2 1205 Knowles	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST - ZIP	- Works Park &	=1. 32789
TITLE	THEFT	DELETE	2.1 TITLE	1 180 S. Knowles Winter Parks F	Change Addition
NAME			2.2 NAME		_ , _ ,
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELE1E	3.1 TITLE		Change Addition
NAME			3.2 NAME	\$20° \$	¥ <u>"</u>
STREET ADDRESS			3.3 STREET ADDRESS	•	-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.5 STREET ADDRESS		
CITY-ST-ZIP		Disciple	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME ATDEET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		F Detrie			The change The woolings
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
CITY-ST-ZIP		21-01-01-01	6.4 CITY-ST-ZIP	440.07(0)(1)	

I wo nereby 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 13 if changed, or on an attachment with an address.