**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90019 038 \*\*\*150.00

CONSOR		MANAGEMENT	INC.							
Principal Place of Business		Mailing Address				T EMBIS BINGIN ILBIS QUEDE HOUSE IS	841 1811 81811 6181C ELETT (			
180 S KNOWLES AVE			180 S KNOWLES AVE				İ			
SUITE 3		SUITE 3				DO NOT WO	TE 161 TUIC CHACE			
WINTER PARK FL 32739		WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
			a. Moiling Address	<u> </u>	_		04/01/1992 4. FEI Number		Applied For	7
2. Principal Place of Business			2a. Mailing Address				59-3118820	<del> </del>	Not Applicable	+
Suite, Apt. #, etc.		Suite, Apt. #, etc.					_ \$8.7	5 Additional	1	
		27				5. Certifcate of Status Desired		e Required	İ	
City & State			City & State				6. Election Campaign Financing	<del>`</del> \$5.	<b>00</b> May Be	٦
23			28				Trust Fund Contribution		led to Fees	╛
Zip	Co	ountry	Zip		Country		8. This corporation owes the cur	rent year Intangible	_	-
24	25	j	29	30			Personal Property Tax.	Yes	□No	4
	9. Name and A	ddress of Current R	legistered Agent				10. Name and Address of New	Registered Agent		4
0011	10011 114BBV 1	, in			81	Name				1
COLLISON, HARRY W. JR. 180 S KNOWLES AVE					82	Street Address (P.O. Box Number is Not Acceptable)			٦	
		E								
SUITE		700			83					}
WINT	ER PARK FL 32	769			84	City		85	Zip Code	٦
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office or re agent. I am	anistered agent or	Sections 607.0502 a both, in the State of accept the obligation	Florida. Such chance	e was autho	rizea by	the corporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the appointment	as registered	
office or re agent. I am SIGNATURE	egistøred agent, or n familiar with, and	both, in the State of accept the obligation	Florida. Such change ns of, Section 607.05	e was autho 505, Florida	Statutes	the corporatio	on's board of directors. Thereby acce	pt the appointment	as registered	
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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 attrachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR