

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 21 PM 4:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V39241

(7)

1. Corporation Name

CONSOLIDATED INVESTORS, INC.

Principal Place of Business

**13198 FOREST HILL BLVD.
WEST PALM BEACH FL 33414**

Mailing Address

**44-16TH STREET
WHEELING WV 26003**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1992

3a. Date of Last Report

05/27/1994

4. FEI Number

65-0441605

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

25
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, R.C.
13198 FOREST HILL BLVD.
WEST PALM BEACH FL 33414**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STRAUB, GLENN F
STREET ADDRESS 14214 STROLLER WAY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T
NAME SKINNER, HAROLD S
STREET ADDRESS 126 WESTGATE
CITY-ST-ZIP WHEELING WV 26003

TITLE S
NAME SAMOL, ROBERT J
STREET ADDRESS 204 BETTY ST. - APT. A
CITY-ST-ZIP WHEELING WV 26003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME Straub, Glenn F.
1.3 STREET ADDRESS 3290 St. Anne Drive
1.4 CITY-ST-ZIP Boca Raton, FL 33496

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(k), 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 or Block 14, or as an attachment with an address.

SIGNATURE:

Robert J. Samol, Secretary

3-9-95

304-233-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #