FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **663434** **(9)**

1. Corporation Name

CSF HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O CORPORATE ACCOUNTING 1100 W. MCNAB RD. FT. LAUDERDALE FL 33309	C/O CORPORATE ACCOUNTING 1100 W. MCNAB RD. FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **12/31/1979**

3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1991867** ☐ 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	26 Attn: Madeline Domino
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 400 N. Ashley Dr.
23 City & State	28 City & State Tampa, FL
24 Zip / 25 Country	29 Zip 33602-1234 / 30 Country

9. Name and Address of Current Registered Agent

CAMNER, ALFRED R.
1221 BRICKELL AVE
25TH FLOOR
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☒ DELETE	1.1 TITLE	D/P	☐ Change ☒ Addition
NAME	HOLTHAUS, DENNIS B.		1.2 NAME	Gentry, Frank L.	
STREET ADDRESS	1100 W. MCNAB RD.		1.3 STREET ADDRESS	100 N. Tryon St	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Charlotte, NC 28255-0001	
TITLE	S	☒ DELETE	2.1 TITLE	D/V	☐ Change ☒ Addition
NAME	BAILEY, ROSETTA		2.2 NAME	Allen, William H., Jr	
STREET ADDRESS	1100 W. MCNAB RD		2.3 STREET ADDRESS	100 SE 2nd St	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Miami FL 33131-2100	
TITLE	D	☒ DELETE	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	BARFIELD, J.W.		3.2 NAME	Mack John E.	
STREET ADDRESS	1221 BRICKELL AV 16TH FL		3.3 STREET ADDRESS	100 N. Tryon St	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Charlotte, NC 28255-0001	
TITLE	D	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	MILLER, HARVEY		4.2 NAME	Walls, George R	
STREET ADDRESS	1221 BRICKELL AV 16TH FL		4.3 STREET ADDRESS	100 N. Tryon St	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Charlotte NC 28255-0001	
TITLE	VS	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	CHRISTENSEN, THOMAS A.		5.2 NAME	Lucas, Mary-Ann	
STREET ADDRESS	1100 W. MCNAB RD		5.3 STREET ADDRESS	100 N. Tryon St	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Charlotte, NC 28255-0001	
TITLE	S	☒ DELETE	6.1 TITLE	Tax Officer	☐ Change ☒ Addition
NAME	MC ENROE, PHIL		6.2 NAME	Williams, Gary S.	
STREET ADDRESS	1100 W. MCNAB RD		6.3 STREET ADDRESS	101 S. Tryon St	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP	Charlotte, NC 28255-0001	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: James T. Bailey — James T. Bailey — 3/16/96 — (954) 979-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)