

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000031976 (1)**

1. Corporation Name

COMPREHENSIVE BUSINESS SERVICE NUMBER 1398, INC.



Principal Place of Business

1812 MAGNOLIA AVENUE
PENSACOLA FL 32503

Mailing Address

1812 MAGNOLIA AVENUE
PENSACOLA FL 32503

2. Principal Place of Business

2a. Mailing Address

21 **909 N. 12th Ave**

26 **909 N. 12th Ave**

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 **Pensacola, FL**

28 **Pensacola, FL**

Zip

Country

Zip

Country

24 **32501**

25 **USA**

29 **32501**

30 **USA**

9. Name and Address of Current Registered Agent

**ALFT, ROBERT A
1812 MAGNOLIA AVENUE
PENSACOLA FL 32503**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/22/1994

3a. Date of Last Report
04/19/1995

4. FEI Number
59-3248798

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is being appointed as registered agent

Signature of person who is being appointed as registered agent

(-)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | ALET, ROBERT A. | |
| STREET ADDRESS | 1812 MAGNOLIA AVE. | |
| CITY-STATE-ZIP | PENSACOLA FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ALET, STEPHEN G. | |
| STREET ADDRESS | 1812 MAGNOLIA AVE. | |
| CITY-STATE-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|-------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFT | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALFT | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-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 118.02(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 register 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 904-438-3600
DATE AND PHONE

CP2E034 (12/95)