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Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000005519 (0)

1. Corporation Name  
C & S DEVELOPMENT, INC.



Principal Place of Business: 5208 CRYSTAL CREEK DRIVE PACE FL 32571  
Mailing Address: 5208 CRYSTAL CREEK DRIVE PACE FL 32571-8073

3. Date Incorporated or Qualified: 01/10/1995  
3a. Date of Last Report: 04/28/1996

2. Principal Place of Business: 21 3625 Hwy. 90, 22 Pace, Florida, 23 32571 Santa Rosa  
2a. Mailing Address: 26 3625 Hwy. 90, 27 Pace, Florida, 28 32571 Santa Rosa  
4. FEI Number: 59-3291637  
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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent: SABA, MICHAEL P, 5208 CRYSTAL CREEK DRIVE, PACE FL 32571  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0562 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] (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, address, and title.

14. I do 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 (changed) on an attachment with an address.

SIGNATURE: [Signature] 1/8/97 (904) 994-2022  
SIGNATURE, ALL-TYPED OR PRINTED, NAME OF SIGNING OFFICER OR DIRECTOR: Michael P. Saba

CR2E034 (9/96)