

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 # **P95000007536 (2)**

1. Corporation Name

CUSTOM RENOVATION SPECIALIST, INC.



Principal Place of Business

Mailing Address

5649 KALMIA DRIVE
ORLANDO FL 32807

5649 KALMIA DRIVE
ORLANDO FL 32807

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

21 2. Principal Place of Business
425 E Gaston Foster

2a. Mailing Address

4. FEI Number
59 3293921

Applied For
Not Applicable

22 Suite, Apt. #, etc.
C + D

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
ORLANDO FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
32807

25 Country
ORANGE

29 Zip

30 Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVERING, CHARLES D
5649 KALMIA DRIVE
ORLANDO FL 32807**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **LEVERING, CHARLES D**
STREET ADDRESS **5649 KALMIA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32807**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** DELETE
NAME **BRASOL, SCOTT**
STREET ADDRESS **410 DIANE CT.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **S** DELETE
NAME **DAVIS, ROBIN I**
STREET ADDRESS **5649 KALMIA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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 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 its 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, unchanged, or on an attachment with an address.

SIGNATURE: *Charles D. Leving* **Charles D. Leving 4/12/96 2734558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)