

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 # P95000014190 (9)

1. Corporation Name
C.R.S., SOUTH FLORIDA, INCORPORATED



Principal Place of Business
**2001 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062**

Mailing Address
**2001 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report

2. Principal Place of Business
21 **2080G Tigertail Blvd**
~~XXXXXXXXXXXXXXXXXXXX~~
Suite, Apt. #, etc.

22 ~~XXXXXXXXXX~~ **Building #1**
City & State **Dania, Florida**

23 ~~XXXXXXXXXX~~ **Building #1**
City & State **Dania, Florida**

24 ~~XXXXXXXXXX~~ **33004** 25 Country

26 **2080G Tigertail Blvd**
~~XXXXXXXXXXXXXXXXXXXX~~
Suite, Apt. #, etc.

27 ~~XXXXXXXXXX~~ **Building #1**
City & State **Dania, Florida**

28 ~~XXXXXXXXXX~~ **Building #1**
City & State **Dania, Florida**

29 ~~XXXXXXXXXX~~ **33004** 30 Country

4. FEI Number
65-0559371

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

9. Name and Address of Current Registered Agent
**CHEN, CHRISTOPHER A
2001 SOUTH OCEAN BLVD.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name **Christopher A. Chen**

82 Street Address (P.O. Box Number is Not Acceptable)
~~XXXXXXXXXXXXXXXXXXXX~~ **2080G Tigertail Blvd**

83 ~~XXXXXXXXXX~~ **Building #1**

84 City **Dania** FL 85 Zip Code **33004**

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 **President** DELETE

NAME **Christopher A. Chen**

STREET ADDRESS **9942 NW 9th Court**

CITY-ST-ZIP **Plantation, FL 33324**

TITLE **Vice President** DELETE

NAME **Robert J. DelPrete, Jr.**

STREET ADDRESS **119 NW 81st Way**

CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 **100001813251**

3.4 CITY-ST-ZIP **-05/08/96--01054--006**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS *****200.00**

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 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, changed, or on an attachment with an address.

SIGNATURE: **4/17/96** **954-929-7799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)