FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000

P96000036503 (6)

FILED Jul 02 1998 8:00am Secretary of State

CSRC,	INC.				
) I DANGARI MA JENIA BAMU BAJM ADMI ADMI PENAR	HAN a p irah didik aakaa hiki k ab i
Principal Plac	e of Business	Mailing Address		1 1001100 113 10110 31111 9011 30111 00111 90189	iffit areas arms and a for seas
5971 SW 47TH STREET 5971 SW 47TH ST					
MIAMI FL 33131			DO NOT WRITE IN THIS SPACE		
03		03		3. Date Incorporated or Qualified	
				04/23/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		••	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution	Added to Fees
24	25	haman L	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	Yes No
24	g. Name and Address of Curren		301	10. Name and Address of New Registere	
МС	ONTELLO, LOUIS R		81 Name		
	1 BRICKELL AVE SUITE 1200		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AMI FL 33131		52 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	an 1 5 00 10 1		83		
}			04 04		7: 0.7
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
office or r	regi ster ed agent, or both, in the State im fam iliar with, and accept the obliga	of Horida. Such change was au itions of Section 607.0505, Flo	ithorized by the corpora ida Statu <u>l</u> es. ▮	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Starte C N	whom Stoph	an Bown	- 6/11	(<i>198</i>)
SIGNATORIE	Signature Typico or printed nanic of registered righ	te and their applicable (NOTE:	Registered Agent signature requi		4-4-0
12.	OFFICERS AND	DIRECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D LANGE AUCODOON I	(DELFIE	1.1 TOLE		Change Addition
NAME	LUNTZ, HERBERT L	۸۸	1.2 NAME		
STREET ADDRESS	701 BRICKELL AVE SUITE 120 MIAMI FL 33131	JU	1.3 STREET ADDRESS		
CITY-ST-ZIP	D MIMMITE 33131	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	NORTON, S.G.		2.2 NAME		
STREET ADDRESS	701 BRICKELL AVE SUITE 12	nn	2.3 STREET ADDRESS		
	MAMI FL 33131	00	2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	COIN, S G	<u></u>	3.2 NAME		•
STREET ADDRESS	701 BRICKELL AVE SUITE 12	00	3.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33131	= =	3.4 City-St-zip		
TITLE	D	DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME	STAFFORD, THOMAS R		4. 2 NAME		
STREET ADDRESS	701 BRICKELL AVE SUITE 120	00	4.3 STREET ADDRESS		1
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 THILE		Change Addition
NAME	BOND, ANN		5.2 NAME		
STREET ADDRESS	200 EL CAPITAN DRIVE #A-6		5.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	-1	5.4 CITY - ST - ZIP		
TITLE		DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
DITY-ST-7IP			6.4 OTV . ST. 7IP		

14. I 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 if changed, or on an attachment with an address.

QUATURE 6/ 1 Cal Cl 1 C1 1 6 6 4 4/4/98 EACOR 200