1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P.  1. Corporation Name	96000036503
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CSRC, INC.

## FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90006 015 \*\*\*550.00



Principal Plac	e of Business	Mailing Address					***********			
5971 SW 47TH		5971-SW-47TH-37								
MAMI FL 33131		—MAMI FL 33131 —US-				DO NOT WRIT	E IN THIC (	DACE		
<del>U3</del>					Ì	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						04/23/1996				
2 Principal P	lace of Business	2a. Mailing Address				4 CCI Mumban			Applied	For
— ~ i	SSW57#Street	26 8715 SW	x 37	13 Sm	to A	NOT APPLICABLE		<del> </del>	Not App	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		-		$\overline{}$	\$8.7	5 Additi	
22		27				5. Certificate of Status Desired			Require	
City & State					6. Election Campaign Financing		\$5.0	00 May	Be	
			it FL			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip /	Countr	у	1	8. This corporation owes the curre	nt year			
24 55.	328 25 Broward	29 33328 30	150	WATE	<u>d</u>	Intangible Personal Property.		Yes	∐ No	
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New Re	egistered A	gent		
MON	TELLO LOUIS D		81	Name						
MONTELLO, LOUIS R 701 BRICKELL AVE SUITE 1200				Street .	Addres	s (P.O. Box Number is Not Acceptat	ole)			
						· · · · · · · · · · · · · · · · · · ·	·			
MIAN	Al FL 33131		83	3						
			84	City		<del></del>		85 2	ip Code	
							<u>FL</u>			
11. Pursuani	t to the provisions of sections 607.0502 a registered agent, or both, in the State of	and 607.1508, Florida Statutes, t	the above	e-named o	corporat	ion submits this statement for the put	pose of cha	nging it	s register	red
agent, I	am familiar with, and accept the obligati	ons of, section 607.0505, Florid	a Statute	y me corp IS.	oralion	s board of directors. Thereby accept	me appoin	ineni a	s register	eu
SIGNATURE										
	Signature, typed or printed name of registered agent a			Agent signatu	ne required	when reinstating)	DATE		TODO I	1140
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFF	ICERS AND		<del></del>	
TITLE	D	DELETE	1.1 TITLE		OIN	actor	Ŀ	Chan	ge 🔑	Addition
NAME	LUNTZ, HERBERT L		1.2 NAME		PA	y sheppard	4			
STREET ADDRESS	701 BRICKELL AVE SUITE 1200	'		T ADDRESS	87	y Sheppard 15 SW 57th Street open City, FL 33	2700			
CITY-ST-ZiP	MIAMI FL 33131		1.4 CITY-S	T-ZIP	T'o	oper Lity, FL 33	22 58 L	<del></del>		
TITLE	D	DELETE	2.1 TITLE		}		L	Chan	ge 🔲	Addition I
NAME	NORTON, S G		2.2 NAME							
STREET ADDRESS	701 BRICKELL AVE SUITE 1200		2.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-S	T-ZIP	<u> </u>	·				
TITLE	D	. DELETE	3.1 TITLE				Ĺ	Chan	ge 📙	Addition
NAME	COIN, S G		3.2 NAME	l	1					
STREET ADDRESS	701 BRICKELL AVE SUITE 1200		3.3 STREE	TADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-S	T-ZIP	<u> </u>					
TITLE	D	DELETE	4.1 TITLE				Ĺ	Chan	ge	Addition
NAME	STAFFORD, THOMAS R		4.2 NAME							
STREET ADDRESS	701 BRICKELL AVE SUITE 1200	4	4.3 STREE	TADDRESS	1					İ
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-S	T-ZiP			<del></del>			
TITLE	D	DELETE	5.1 TITLE	Į				_ Chang	ge L_	Addition
NAME	BOND, ANN		5.2 NAME	ĺ	ĺ					
STREET ADDRESS	200 EL CAPITAN DRIVE #A-6		5.3 STREE	TADDRES\$						
CITY-ST-ZIP	ISLAMORADA FL		5.4 CITY-S	(T-ZIP	<u> </u>					
TITLE		DELETE	6.1 TITLE					_] Chan	ре 🔲	Addition
NAME			6.2 NAME	į	ĺ					(
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	L		_		_	
44					<del></del>					

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.

SIGNATURE: