

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000040746**
1. Corporation Name

C & N Corporation
5720 Clark Road
Sarasota, FL 34233-3302

Principal Place of Business: same as above
Mailing Address: same as above

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5/7/97	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	65-0756601	
24	Country	29	Country	Applied For	
		30		Not Applicable	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30				5. Certificate of Status Desired	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gary Circone 5720 Clark Road Sarasota, FL 34233-3302				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 34233			

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) _____ (Registered Agent's signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director	<input checked="" type="checkbox"/> DELETE	11 TITLE	Pres/Treas/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Circone		12 NAME	Douglas Circone	
STREET ADDRESS	5720 Clark Road		13 STREET ADDRESS	5720 Clark Road	
CITY-ST-ZIP	Sarasota, FL 34233		14 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	Director	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Neal		22 NAME		
STREET ADDRESS	5720 Clark Road		23 STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34233		24 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	900002517769	
STREET ADDRESS			53 STREET ADDRESS	-05/11/98--01002--010	
CITY-ST-ZIP			54 CITY-ST-ZIP	***150.00	
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I hereby certify that the information submitted 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:  _____
SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (10/97)