

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V65159** (8)

1. Corporation Name
C & F ENERGY, INC.



Principal Place of Business
**901 N. UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024
 US**

Mail Address
**C/O MICHAEL STEVEN GREENE, ESO
 201 S BICAYNE BLVD #900
 MIAMI FL 33131
 US**

2. Principal Place of Business

2a. Mailed Address

21 State Abbreviation
 22 City & State
 23 Zip
 24

26 **C & F ENERGY**
 27 **PO BOX 810954**
 28 **BOCA RATON FL**
 29 **33481** 30

9. Name and Address of Current Registered Agent

**GREENE, MICHAEL S.
 201 SOUTH BISCAYNE BLVD.
 SUITE 900
 MIAMI FL 33131**

81 Name
 82 Street Address (if P.O. Box Number is Not Applicable)
 83
 84 City
 85 Zip Code **FL**

3. Date Incorporated or Qualified **09/18/1992**
 3a. Date of Last Report **04/04/1995**
 4. FEIN Number **65-0361542** Applied For Not Applicable
 5. Certificate of State Default **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. The corporation has liability for intangibles tax under s. 199.032 Florida Statutes Yes No
 10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.011 and 607.012, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and hereby requests that the Department of State register the corporation as changed address. The only except the appointment as registered agent. I am hereby authorized and accept the appointment of Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

FILE	<input type="checkbox"/> DELETED
NAME	DPS
STREET ADDRESS	COHEN, JEFFERY A
CITY, STATE, ZIP	901 N. UNIVERSITY DRIVE
FILE	<input type="checkbox"/> DELETED
NAME	VT
STREET ADDRESS	FERNANDEZ, SERGIO
CITY, STATE, ZIP	901 N. UNIVERSITY DRIVE
FILE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

100001777981
 -04/12/96--01017--021
 ***200.00

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFERY A. COHEN PRES 4/28/96 954 987-0724
 SC-1-11-96

CR2E034 (12/95)