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Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V65159 (8)

1. Corporation Name  
C & F ENERGY, INC.



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

Mailing Address  
C/O C & F ENERGY  
P.O. BOX 810954  
BOCA RATON FL 33481-0954  
US

3. Date Incorporated or Qualified  
09/18/1992

3a. Date of Last Report  
04/11/1996

4. FEI Number  
65-0361542

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

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
Keith J. Kanouse, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)  
Keith J. Kanouse, P.A.

83 2424 N. Federal Highway, Suite 353

84 City Boca Raton FL 85 Zip Code 33431

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

*Keith Kanouse*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPS  
COHEN, JEFFERY A  
801 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VT  
FERNANDEZ, SERGIO  
801 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
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 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 as an attachment with an address.

SIGNATURE:

*Jeffery A. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

2/24/97 401-852-3684

CR2E034 (9/96)