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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

560458

(2)

DOCUMENT #

CONTROLLED BUILDING SERVICES, INC. Principal Place of Business 120 VENTIAN WAY STE 25 MERRITT ISLAND FL 32953 US MERRITT ISLAND FL 32953 US					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995		
Ų3					02/23/1978 4. FEI Number	ļ	Applied For
Principal Place	of Business	2a. Maring Address			59-1805339		Not Applicat.
		Suite, Apt. #, etc.			5. Certificate of Status Desired	<u> </u>	\$8.75 Additional
Suite, Apt #, €	BIG.	27			5. Certificate of Status Desired		Fee Required
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5.00 May Be Added to Fees
		28	Court		Trust Fund Contribution 8. This corporation has liability for	intano ble I	
Ziρ	Country	Zip 29	Gouni 30	1)	Florida Statutes Yes	[]] No	
	9. Name and Address of Current				10. Name and Address of New F	Registered	d Agent
	y. Isamo Literatura			II Name			
TOWNS	END, DAVID L.		la la	12 Street Add	iress (P.O. Box Number is Not Acceptate	ole)	
	IETIAN WAY						
STE. 25			["	33			
MERRIT	T ISLAND FL 32953		[City		F	85 Zip Code
2.	grature typed or printed name of registered agent a OFFICERS AND		13.		63 - XCP (POSIZING) ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTORS IN 12
TLE	VPT						Change Addits
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	TOWNSEND, DAVID L 5300 LOVETT DR.	Дисси	12 % A				Change Li Adulti
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TREET ADORESS	5300 LOVETT DR. MERRITT ISLAND, FL 00000 PS		12 NA - 13 ST 	ME REET ADORESS Y+ST-ZIP ILE			Change Add h
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(1) 1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further 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 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 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 certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certified and does not certify that the information supplied with the informatio

SIGNATURE:

AND TYPES ON PHINTED NAME OF SUMMYS OFFICER OR DIRECTOR

5-15-96

407-452-1137