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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

560741 **DOCUMENT #**

(1)

1. Corporation Name

CGS ENTERPRISES, INC.

Mailing Address

910 JUNGLE AVE N.

Principal Place of Business

910 JUNGLE AVE N.



	RG FL 33710	ST. PETERSBURG FL 337						
					3. Date Incorporated or Qualified 02/28/1978	3a. Date o 05/	of Last Re /19/199	
2. Principal Plac	e of Rusiness	2a, Mailing Address			4. FEI Number			pplied For
z. Fillicipai riac 1	e of Eddiness	26			59-1800999		N	lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	try	8. This corporation has liability for i	ntangibie tax	cunder s	199.032,
]	25	<u> </u>	30		I IONGLI Ottatoristi	□ No		
L	g. Name and Address of Currer	1 1			10. Name and Address of New R	egistered A	gent	
			-	81 Name				
BARTI ET	t, william H		ļ	93 Ctroot Add	dress (P.O. Box Number is Not Acceptab	le)		
	TRAL AVE STE 1500			82 Street Address (P.O. Box Number is Not Acceptable)				
	RSBURG FL 33701		ŀ	83				
SI. PEIE	Nobuna i L soivi		1				les Zir	o Code
			Į	84 City		FL	B5 Zip	Code
		0 1 007 1500 Florida Statutos	the abou	e-named corne	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of cha	nging its r	egistered office
or registere familiar with	d agent, or both, in the State of Flori n, and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes.	d by the c	orporation \$ 50%	oration submits this statement for the pul ard of directors. I hereby accept the app	Similar do	,09.0.0.00	-5
SIGNATURE _	Signature, typed or printed name of registered agen	et and title if applicable. (NOTI	E. Registe ed	Agent signature requir	irud when reinslating)	DATE	DIDECTO	DO IN 10
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		7 Change	Addition
ITLE	PD	☐ DELETE	1, 1 1	TLF		L	_] Change	☐ Manton
NAME	Sheehan, William S		1.2 N/4	ME Ì				
			1.2.14					
	910 JUNGLE AVE N.			REET ADDRESS				
STREET ADDRESS) 	1.3 ST	REET ADDRESS TY-S1-ZIP			5.0	- Helion
STREET ADDRESS DITY-ST-ZIP	910 JUNGLE AVE N.	DELETE	1.3 ST	TY-ST-ZIP			Change	☐ Addition
STREET ADDRESS City-ST-Zip Title	910 JUNGLE AVE N. ST PETERSBURG, FL 00000		1.3 ST 1.4 CI	TY-ST-ZIP TLE		C	Change	Addition
STREET ADDRESS DITY-ST-ZIP TITLE NAME	910 JUNGLE AVE N. ST PETERSBURG, FL 00000 STD		1.3 ST 1.4 CI 2.1 T 2.2 N/	TY-ST-ZIP TLE		Ū	Change	Addition
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STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP	910 JUNGLE AVE N. ST PETERSBURG, FL 00000 STD SHEEHAN, CAROL M	☐ DELETE	1.3 ST 1.4 CI 2.1 T 2.2 N/ 2.3 ST	TY-S1-ZIP TLE AME REET ADDRESS TY-ST-ZIP		<u>-</u>	Change Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	910 JUNGLE AVE N. ST PETERSBURG, FL 00000 STD SHEEHAN, CAROL M 910 JUNGLE AVE. N. ST PETERSBURG, FL 00000 V SHEEHAN, GEORGE	☐ DELETE	1.3 ST 1.4 Cl 2.1 T 2.2 N/ 2.3 SI 2.4 Cl 3.1 T 3.2 N/	TY-S1-ZIP TLE AME REET ADDRESS TY-ST-ZIP		<u>-</u>		
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perior aminual report is true and accurate and that my signature shall have the same legal effect as if made under of or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address. certify that the information indicated on this annual report or supporting that I am an officer of director of the corporation or the recappears in Block 12 or Block 13 if changed, or on an attachment

G OFFICER OR DIRECTOR