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Apr 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
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DOCUMENT # F65274  
1. Corporation Name

CONTRACT SALES/SERVICE, INC.

Principal Place of Business

Mailing Address

3324 BEACH BLVD  
JACKSONVILLE, FL 32207

SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10-31-1980	05-01-96
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2047251	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent

EDWARD S. PARRISH JR.  
1916 GULF LIFE TOWER  
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ALEXA J. CHAMBERS	1.1 TITLE	Change
NAME	ALEXA J. CHAMBERS	1.2 NAME	
STREET ADDRESS	6540 ORTOLAN AVE	1.3 STREET ADDRESS	4306 QUEENSWAY DR
CITY-ST-ZIP	JAX., FL 32216	1.4 CITY-ST-ZIP	JAX., FL 32257
TITLE	SD BARRY E CHAMBERS	2.1 TITLE	Change
NAME	BARRY E CHAMBERS	2.2 NAME	
STREET ADDRESS	6540 ORTOLAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX., FL 32216	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 by the officer or director who appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alexa J. Chambers

ALEXA J. CHAMBERS

3/7/97

(904) 398-8834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (9/96)