

FILE NOW: FILING FEE AFTER MAY 1 IS \$200

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F60698 (0)

1. Corporation Name

CUSTOM SPRINGS, INC.

Principal Place of Business

Mailing Address

C/O EDWARD WALTERMAN ESO
170 W 22ND STREET
HIALEAH FL 33010

C/O EDWARD WALTERMAN ESO
170 W 22ND STREET
HIALEAH FL 33010



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

WALTERMAN, EDWARD, ESO.
5900 S.W. 73RD ST.
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified

12/31/1981

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2128488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 client applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

P
COTY, GEORGE
170 W 22 STREET
HIALEAH FL

2. TITLE ☐ DELETE

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

15. TITLE ☐ DELETE

16. TITLE ☐ DELETE

17. TITLE ☐ DELETE

18. TITLE ☐ DELETE

19. TITLE ☐ DELETE

20. TITLE ☐ DELETE

21. TITLE ☐ DELETE

22. TITLE ☐ DELETE

23. TITLE ☐ DELETE

24. TITLE ☐ DELETE

25. TITLE ☐ DELETE

26. TITLE ☐ DELETE

27. TITLE ☐ DELETE

28. TITLE ☐ DELETE

29. TITLE ☐ DELETE

30. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition

7. TITLE ☐ Change ☐ Addition

8. TITLE ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. TITLE ☐ Change ☐ Addition

11. TITLE ☐ Change ☐ Addition

12. TITLE ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. TITLE ☐ Change ☐ Addition

15. TITLE ☐ Change ☐ Addition

16. TITLE ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. TITLE ☐ Change ☐ Addition

19. TITLE ☐ Change ☐ Addition

20. TITLE ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. TITLE ☐ Change ☐ Addition

23. TITLE ☐ Change ☐ Addition

24. TITLE ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. TITLE ☐ Change ☐ Addition

27. TITLE ☐ Change ☐ Addition

28. TITLE ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. TITLE ☐ Change ☐ Addition

14. 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 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

Date

305-884-6669

Daytime Phone #

CR2E034 (12/95)