FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F60698

(0)

CUSTOM SPRINGS, INC.

Jan 30 1998 8:00am
Secretary of State

EII ED



Principal Plac	e 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				DO NOT WRITE IN THIS SPACE		
THICKNITTE	33010	THECHT I'L DO	,,,,			3. Date Incorporated or Qualified		
						12/31/1981		
2. Principal P	iace of Business	2a. Mailing Addre	98 8			4. FEI Number Applied Fo	or	
21		26				59-2128488 Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			S9 75 Addition	~	
22		27	27			5. Certificate of Status Desired Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	, 1	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent		
	ulterman, edward, esq.			81	Name			
	00 S .W. 73RD ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SO	UTH MIAMI FL 33143		,					
				83				
			à	84	City	85 Zip Code	—-i	
				l	_	}- ∟ }		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the at	oove	-named cor	progration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register	ered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0	0505, Florida Stat	utes	ine corpora i.	ation's board of directors, i nereby accept the appointment as register	ea	
SIGNATURE							- 1	
	Signature, typed or printed name of registered as		(NO1E: Registered	d Age	nt signature requ	ured when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P COTY OFFICE	☐ DEL			1	☐ Change ☐ Add	dition	
NAME	COTY, GEORGE		1.2 NA	ME			[;	
STREET ADDRESS	170 W 22 STREET		1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	HIALEAH FL		1.4 CI		[- 2 P			
TITLE		DEL	.E1E 2.1 TIT	TLE.		☐ Change ☐ Ādo	dilion	
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			2.4 CI		T-ZIP			
TITLE		☐ DEL	ETE 3.1 TIT	LE	Ĭ	Change Ado	noitit	
NAME			3.2 NA	ME	ĺ			
STREET ADDRESS			3.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S	ř-ZIP			
TITLE		☐ DEL	ETE 4.1 TIT	LE.		☐ Change ☐ Ado	lition	
NAME			4.2 N/	AME				
STREET ADDRESS			4.3 ST	REET A	ADDRESS	•		
CITY-ST-ZIP			4.4 CI	Y-SI	- ZIP			
TITLE		DEL	ETE 51 Tit	LE		☐ Change ☐ Ado	Jition	
NAME			5.2 NA	ME				
STREET ADDRESS			5 3 \$10	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP			
TITLE		☐ DEL	ETE 6.1 TIT	LE		☐ Change ☐ Add	Jition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP			
44 I boroby o	ortifuthat the information expelied.	with this diling class and a	unalife dan dan aus			n Continu 110 07/20/0 Florida Ctatutas I further soulf attack info	.——	

I nereby 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 on an attachment with an address