

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 # **F94000006613 (3)**

1. Corporation Name
CGS ENTERPRISES, INC. OF DELAWARE

Principal Place of Business
1129 N WOODLAND BLVD.
DELAND FL 32720
US

Mailing Address
37 E HUDSON ST.
COLUMBUS OH 43202

FILED
Jan 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1994

4. FEI Number
65-0528726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCSHMAN, ROBERT
5611 NW 29TH ST.
MARGATE FL 33063

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 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 ☐ DELETE
NAME **VPD**
STREET ADDRESS **CONLEY, EDWARD A**
CITY-ST-ZIP **3253 SWEET BUCKEYE DR**
MARIETTA GA 30066

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHLICH, PAUL E JR**
CITY-ST-ZIP **8607 CHELTENHAM CT.**
LOUISVILLE KY 40222

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GUTHRIE, W. LEWIS**
CITY-ST-ZIP **647 BRIARWOOD LN.**
DEERFIELD BEACH FL 33442

TITLE ☐ DELETE
NAME **PCOB**
STREET ADDRESS **ROSCHEMAN, ROBERT J**
CITY-ST-ZIP **5611 NW 29TH ST.**
MARGATE FL 33063

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **ROSCHEMAN, JEFFREY S**
CITY-ST-ZIP **5611 NW 29TH ST.**
MARGATE FL 33063

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **SZABO, HENRY R**
CITY-ST-ZIP **37 E HUDSON ST.**
COLUMBUS OH 43202

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Henry R Szabo* **RCFO:RED**

CR2E034 (10/97)