

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90030 015 \*\*\*150.00

**DOCUMENT # F94000006613**

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**

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 the current year Intangible  
Personal Property Tax. ☐ 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

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

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

*Henry R Szabo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

614-447-9100

CR2E034 (1/98)