FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F95000002576 (5) DOCUMENT # 1. Corporation Name

C SALES AND MARKETING, INC.

A. A. C. SALES AND WAINLING, INC.					L MARANA HAD ANDA BANKA BANKA BANKA BANKA BANKA ANDA BANKA ANDA BANKA BANKA BANKA BANKA BANKA BANKA BANKA BANK				
Principal Place of Business Mailing Address							1 1881188 (Ilia 1841 Bill) detit setti	IMIM Matt chat	
33525 GROESBECK HWY. FRASER MI 48026		33525 GROESBECK HWY. FRASER MI 48026							
							3. Date Incorporated or Qualified 3a. Date of Last Repo	ort	
2. Principal Place	e of Business	2a. M	ailing Address					olied For	
21		26					00 200 120 1	Applicable	
Suite, Apt. #,	etc.	Sı	Surte, Apt. #, etc.				5. Certificate of Status Desired See Required		
22	22 27						6. Election Campaign Financing \$5.00	1	
City & State		<u>├</u> ──1	ty & State				Trust Fund Contribution Added to		
23	Country	28 Z	13	Cour	itry		8. This corporation has liability for intangible tax under s 19	9.032,	
Zip 24	25	29	P	30			Florida Statutes 🔲 Yes 🔣 No		
24	9. Name and Address of Curren		ed Agent				10. Name and Address of New Registered Agent		
					81	Name			
CITCOE	RPORATION SYSTEM			<u> </u>	82	Street Add	idress (P.O. Box Number is Not Acceptable)		
1200 SO	OUTH PINE ISLAND ROAD			į			·		
	TION FL 33324				83				
				1	В4	City	FL 85 Zip (Code	
							the this statement for the purpose of changing its rec	istered office	
or registered familiar with	d agent, or both, in the State of Fichi , and accept the obligations of, Secti	ion 607.05	05, Florida Statute:	s.			poration submits this statement for the purpose of changing its resource of directors. I hereby accept the appointment as registered a	gent. I am	
• S	Ignature, typed or printed name of registered agree			OTE Registered 13.	АЗЧ	t signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
12.	OFFICERS AND PVST	D DIRECT	DELETE	1 1 1	TLE		☐ Change	Addition	
TITLE	CATENACCI, ANTHONY			1.2 N/	ME.				
NAME	33525 GROESBECK HWY.			135	REET	ADDRESS			
STREET ADDRESS	FRASER MI 48026			1.4 CI	TY - S	67 - ZIP			
CHTY-ST-ZIP TITLE	11000111111110000		DELETE	2 1 1	1115		Change	☐ Addition	
NAME				2 2 N	4ME				
SIREET ADDRESS				235	HEES	ADDRESS			
CITY-ST-ZIF				2 4 C	ITY - S	ST - ZIP	FT Change	Addition	
TITLE			☐ DELETE	3 17	1 T LE		Change	☐ Audit-on	
NAME				3 2 N		-			
STREET ADDRESS						T ADDRESS			
CHTY - ST - ZIP						ST-ZIP	Change	Addition	
TITLE			☐ DEFE LE	4 1 1		Į.		_	
NAME				42 N		1			
STREET ADDRESS				1		T ADDRESS	300001756073		
CITY-ST-ZiP			DELETE	5 1		ST-ZIP	03/25/96 - U1 048 - 12 Othange	Addition	
TITLE			□ жи		IAMÉ	1	***200.00		
NAME						ET ADDRESS	- •		
STREET ADDRESS				1		ST-ZIP			
CITY-ST-ZIP			DELETE		TIFLE		☐ Change	Addition	
TITLE					NAME				
NAME						ET AUDRESS			
STREET ADDRESS						. ST. 7IP			

64 CITY-ST-ZIP

14. If 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 AND TYPE OF PRINCED HAME OF SIGNING OFFICER OBDIRECTOR SIGNATURE:

810-294-4600

Daytinie Ptrone #

CR2E034 (12/95)