PROFIT CORPORATION ANNUAL REPORT 1997

TAMPA FL 33605



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 1

Secretary of State

DIVISION OF CORPORATIONS

F95000003713 (3) DOCUMENT # 1. Corporation Name

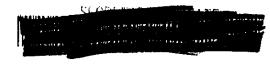
COST MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address 1202 E. PALM AVE

1202 E. PALM AVE **TAMPA FL 33605** 

amended ar

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						3. Date incorporated or Qualified 3a. 08/01/1995	Date of Last Report	
2 Principal Pia	ace of Business	2a. Malling Address				4. FEI Number	Applied For	
21	N/A	26				23-2664043	Not Applicable	
Suite, Apt. I	I, etc.	Suile, Apt. #, etc.				5. Certificate of Stalus Desired	\$8.75 Additional	
22		27				3. Certificate of Grands Desired	Fee Required	
City & State		Cily & State				6. Election Campaign Financing	\$5.00 May Be	
23		28	· <del>  </del>			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<b>├</b> ──	Country		8. This corporation has liability for intangit		
24	25 29 30		30	0		Florida Statutes		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
PATTON, CIKIS B.				81 Name				
COST MANAGEMENT SERVICES, INC.			۶. h	82 Street Acklress (P.O. Box Number is Not Acceptable)				
PATTON, CIKIS B. COST MANAGEMENT SERVICES, INC. 1411 N. WESTSHORE BLVD, SUITE 104				/				
1911 N. VUEST SHOKE BUVU, SUITE 104				4 [83]				
! TA	MPA, FL 33607	-	L_	34 City			85 Zip Code	
, <b>e</b>	,	÷	. [	City		i	=L  83   21 0000	
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								
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.								
$1 \cdot 1 \cdot$								
SIĞNATURE _	Skynaling, blied or printed name of registered agent	V 7	OTE: Registered /			• •	[ 14/4/	
12. /	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TIFLE	70	DELETE	1.1 1/1	LE	1		Change Addition	
NAME	DURKIN, JAMES A		1.2 NA	1.2 NAME				
STREET ADDRESS	440 DESERVICE DD		13516			102 SIERRA VISTA F	LACE	
CITY-ST-ZIP	DUNIADE DA 10510		1	14 CITY-ST-ZIP		AULDER CITU NV	89005	
1ITUE	D C DELETE			3 STREET ADDRESS 1402 SIERRA VISTA PLACE 4 CITY-ST-ZIP BOULDER CITY NV 89005 1 TILLE Thange		Change Addition		
NAME	SACKS; MARTIN		22 NAME		1		[2] 4.4.8.	
STREET ADDRESS	AND CHIRDON DO				1.7	13162 TOUCH STONE PLACE PALM BEACH GARDENS FL 33418		
CITY-ST-ZIP	DUBLIADE DA 10510			2.4 CITY-ST-ZIP		REALL GARAGES	FL 33418	
THE THE		["] DELETE	3, 1 111		<del>- '-'</del>	ICH. DEACH CHARGENS	☐ Change ☐ Addition	
NAME			3.2 NAJ				2097=55	
STREET ADDRESS			1	REET ADDRESS		700002333	101071	
			1			*****61,25	*****61.25	
CITY - ST - ZIP TITLE		[7] DELETE	4, 1 7/1	r-ST-ZIP	<del> </del> -	14-11-1	Change Maddition	
NAME		Cocce	4.2 NA		'		Li croude Li veculon	
· ·			1					
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP TIFLE		☐ DELETE	5, 1 TIT	-SI-ZIP	<del> </del> -		Change Addition	
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HAME			5.2 NAM	-				
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CITY-ST-ZIP		ה הנונזר		·ST-ZIP			Change [7] Addition	
1iTCE		☐ DELETE	6. 1 717				Change Addition	
NAME			6.2 NAM		1			
STREET AUDRESS			1	EET ADDRESS			THE CASE	
CITY-ST-ZIP		All this form is the second of		-ST-ZIP	L	the complete stated to be a second	Classic Business Literature	
THE LOO DOLOD	y denity that the information supplied v	vius this tiling is voluntarily tui	nisnea and a	oes not qua	виу юг	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 prock 13 if changed, or on an attachment with an address.

SIGNATURE: \