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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003713

1. Corporation Name

COST MANAGEMENT SERVICES, INC.

Principal Place	e of Business	Mailing Address		I igging the left with early early	
1411 N. WESTS	HORE BLVD.	1411 N. WESTSHORE BLV	/ D.		
SUITE 104	_	SUITE 104		- DO NOT MIDITE IN	THE CRACE
TAMPA FL 33607 US		TAMPA FL 33607 US		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
09		US		08/01/1995	
a Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
 -	ace of Business		6581	23-2664043	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	الم دي		\$8.75 Additional
22	r, 010.	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing -	\$5.00 May Be-
23		28 HOSCOW	PA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	a. This corporation owes the current ye	ar Intangible
24	25	29 18444	30 USA	Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regist	tered Agent
			81 Name		
	ION, CHRIS B.	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	T MANAGEMENT SERVICES, INC		0.000		
	N. WESTSHORE BLVD., SUITE	104	83		
TAM	PA FL 33607		84 City		85 Zip Code
			84 City	•	FL
					see of changing its registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607.0505, Fl	authorized by the corporal lorida Statutes.	ition's board of directors. I nereby accept the	appointment as registered
office or n agent. I an	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida. Such change was ations of, Section 607.0505, Florida and title if applicable. (NOT	authorized by the corporal orida Statutes. TE: Registered Agent signature requires.	ition's board of directors. I nereby accept the	appointment as registered
office or reagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age. OFFICERS AN	of Florida, Such change was ations of, Section 607.0505, Fl	authorized by the corporal lorida Statutes.	ition's board of directors. I nereby accept the	appointment as registered
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office or raggent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga SIgnature, typed or printed name of registered age OFFICERS AN P DURKIN, JAMES A	of Florida. Such change was ations of, Section 607.0505, Floridand title if applicable. (NOT DIRECTORS	authorized by the corporal lorida Statutes. TE: Registered Agent signature requirations and the second signature requirations are second signature.	ition's board of directors. I nereby accept the	ATE RS AND DIRECTORS IN 12
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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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR