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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600001594 (8)

CIPCO S.C., INC.

FILED May 07 1997 8:00am Secretary of State



						883 84 91 88 8 16 8 8 8	
Principal Place of Business Mailing Address . 3963 CARLISLE/CHESTER HIGHWAY 3863 CARLISLE/CHESTER HIGHWAY CARLISLE SC 29031 CARLISLE SC 29031-9307					I FEOTYDD DAO 1810 BHAN EDDYN DRYN BBAN BDAN BDIOR ANDN DAND ARAN BHAN BAN BRAN BAN BAN BAN BAN BAN BAN B		
					3. Date incorporated or Qualified 03/28/1996	3a. Date of Last Report N/A	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	·		62-1631840	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	" ", '		6. Election Campaign Financing \$5.00 May Be		
		28			Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curr	29	30			JYes □ No	
		ent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
C T CORPORATION SYSTEM				Isanic			
	O SOUTH PINE ISLAND ROAD		82	Street /	Address (P.O. Box Number is Not Acceptable)		
PLA	INTATION FL 33324		83	ļ			
			84			■■ 85 Zip Code	
			1	'			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Stati te of Florida. Such change was igations of, Section 607.0505, F	utes, the above authorized by Torida Statute	e-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered (geni and ble if applicable (NC	DTE: Registerea Ag	ent signature	required when reinstating)	DATE.	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD			T	Change Addition		
NAME	MASON, CARL L		1.2 NAME				
STREET ADDRESS	81 NE 40TH STREET		1.3 STREE	1 ADDRESS	3863 CARLISLE/CHEST	ΓER HWY.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	S1 - ZIP	CARLISLE, SC 2903	1-9307	
TITLE	TD DELETE		2.1 TITLE			Change Addition	
NAME	Bray, David E		2.2 NAME			~	
STREET ADDRESS	81 NE 40TH STREET		2.3 STREE	I ADDRESS	3101 NORTH ELM STR		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	GREENSBORO, NC 27	7408	
TITLE	\$	DELETE	3 1 TITLE			Change Addition	
NAME	BRUCE, JERRY M		3.2 NAME		3863 CARLISLE/CHEST	FED HWY	
STREET ADDRESS	0111010111011		3 3 STREE	ADDRESS	CARLISLE, SC 29031-	EK	
CITY-ST-ZIP	MIAMI FL		3 4. CITY-	S1 - ZIP	CARLISLE, SC 29031-		
TATLE		☐ DELETE	4 1 TITLE	1		Change Addition	
NAME			4 2 NAME	}			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		DELETE	4 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP		DELETE	5.4 C/1Y-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			1	F ADDRESS			
CITY-ST-ZIP			6.4 C(1Y-	S1-ZIP			

I do hereby certify that the information supplied with this filling 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