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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F960

F9600001594 (8)

CIPCO S.C., INC.

FILED
May 05 1998 8:00am
Secretary of State

	of Business	Mailing Address			i hadilika kilin hann dikin dakin dalin dalin dalin balan yada dikin kalin dika i			
3863 CARLISLE	E/CHESTER HIGHWAY	3863 CARLISLE/C	HESTER HIGHW	AY				
CARLISLE SC 29031		CARLISLE SC 290			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
					03/28/1996			
2. Principal Pla	ace of Business	2s. Mailing Addres	is		4. FEI Number Applied	For		
21		26			<b>62-1631840</b> Not App	licable		
Suite, Apt. #	, etc.	Suite, Apt. #, e	tc.		5 Castilizate of Status Desired \$8.75 Addition			
22		27			Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May I			
23 Zip	Country	28     Z <sub>I</sub> p	I Cou	untry	Trust Fund Contribution Added to Fee  8. This corporation owes or has paid the current year Intangib			
	25	29	30	anny.	Personal Property Tax due June 30. Yes Pool	ю		
24	9. Name and Address of Co				10. Name and Address of New Registered Agent			
CT	CORPORATION SYSTEM	·		<b>81</b> Na	lame			
	O SOUTH PINE ISLAND RO	An		<b>82</b> Str	street Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324	no .		<b>62</b>   Str	street Address (P.O. Box Number is Not Acceptable)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83				
				84 Cit	City 85 Zip Code			
					"" <b>FL</b> [**] `			
11. Pursuant to office or re agent. I an	o the provisions of Sections 607 agistered agent, or both, in the t in familiar with, and accept the c	7.0502 and 607.1508, Florida State of Florida. Such chang obligations of, Section 607.0	i Statutes, the a e was authorize 505, Florida Sta	above-nar ed by the stutes.	amed corporation submits this statement for the purpose of changing its regi e corporation's board of directors. I hereby accept the appointment as regist	tered		
SIGNATURE								
	Signature, typical or printed name of register.  CALL ICE DS	ed agent and fine if applicable S AND DIRECTORS	(NOTE Ringistere		gnature required whon reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
12.	PD	DEL				Addition		
NAME	MASON, CAPIL L			NAME				
STREET ADDRESS	3863 CARLISLE/CHESTE	R HWY		STREET ADDR	DRESS			
CITY-ST-ZIP	CARLISLE SC	11 11111		CITY-ST-ZIP	1			
TITLE	TD	DEL				Addition		
NAME	<u> </u>					MOUNIUM		
	BRAY, DAVID E			NAME		Addatori		
STREET ADDRESS	BRAY, DAVID E 3101 N ELM ST		2.2 N		DRESS	Addition		
STREET ADDRESS CITY-ST-ZIP	3101 N ELM ST GREENSBORO NC		22 N 2.3 S	NAME		Addition		
STREET ADDRESS CITY-ST-ZIP TITLE	3101 N ELM ST	DELI	22 N 23 S 2.44	NAME STREET ADDR CITY-ST-ZIP	ZIP	Addition		
CITY-ST-ZIP	3101 N ELM ST GREENSBORO NC		22 N 23 S 2.4 G ETE 3.1 T	NAME STREET ADDR CITY-ST-ZIP	ZIP			
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CITY-ST-ZIP TITLE NAME	3101 N ELM ST GREENSBORO NC S BRUCE, JERRY M	DELI	22 N 23 S 2.44 3.17 32 N 33 S 34.6	NAME STREET ADDR CITY - ST - ZIP TITLE NAME	DRESS 21P	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3101 N ELM ST GREENSBORO NC S BRUCE, JERRY M 3863 CARLISLE/CHESTE	DELI	22 N 23 S 2.44 3.17 32 N 33 S 34.6	NAME STREET ADDR CITY - ST - ZIP IITLE NAME STREET ADDR CITY - ST - ZIP	DRESS 21P			
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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 informatio indicated on this annual report or supplemental arrival 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.

CICNIATURE.

David E. Bra

4-24-98

(391) 279.6212