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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G52502

CMS CONSULTANTS, INC.

## **FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90007 033 \*\*\*150.00



Principal Place of Business Mailing Address						I I <b>sa</b> ilai <b>BBB</b> ) Biai <b>o</b> 14 <b>00</b> 1 Bilai I			III DEBEI BIBIITEBB	
933 GARDENIA DR 933 GARDENIA DR										
DELRAY BEACH FL 33483-4806		DELRAY BEACH FL 33483-4806								
***					-	DO NOT WE		SPACE		
					3	<ol> <li>Date Incorporated or Qualified 08/03/1983</li> </ol>	i .			
2. Principal P	face of Business	2a. Mailing Address			4	I, FEI Number			Applied For	
21		26			58-1532458			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	6. Certifcate of Status Desired			5 Additional	
22		27					Fee	Required		
City & State		City & State			6	i. Election Campaign Financing			O May Be	
Zip Country		Zip Country				Trust Fund Contribution	<del></del>		d to Fees	
24	25 29 30		¬ `	,	8	<ol> <li>This corporation owes the cu Personal Property Tax.</li> </ol>	rrent year Int	angible XYes	□No	
<u>                                     </u>	9. Name and Address of Current	<del></del>	<u>,                                    </u>		10	). Name and Address of New	Registered			
3. Hante did Acarda di Garrian regionales Agent					ne		***************************************			
SCHNEPP, HARRIET				<u> </u>						
	GARDENIA DRIVE		82 Street Addi			P.O. Box Number is Not Accep	table)		J	
DELRAY BEACH FL 33483			83							
			84	City		10 10 10 10 10 10 10 10 10 10 10 10 10 1	FI	85 Zi	p Code"	
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 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.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe  12. OFFICERS AND DIRECTORS  1				nt signatu	re required when		DATE		7070 11 40	
TITLE		DELETE	13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIREC		
NAME	DP SCHNEPP, C. MADISON	- Decere	1.2 NAME					Chang	C	
STREET ADDRESS			1.3 STREE	TADODE					,	
CITY-ST-ZIP			1.4 CITY-S		33					
TITLE			2.1 TITLE	1-21				Chang	e Addition	
NAME	-		2.2 NAME							
STREET ADDRESS			2.3 STREE	TADDRES	ss				1	
CITY-ST-ZIP				ST-ZIP	~					
TITLE	DECIMI BENOTITE	☐ DELETE	3.1 TITLE	71-ZII	<del> </del>			Chang	e Addition	
NAME 1			3.2 NAME		1			_ •	- 1	
STREET ADDRESS	9 40 6 33 S		3.3 STREE	ADDRES	ss					
CITY-ST-ZIP	44 TV		3.4. CITY-5			•				
TITLE		☐ DELETE	4.1 TITLE		<u> </u>		<del> </del>	☐ Chang	e Addition	
NAME , .		,	4, 2 NAME						[	
STREET ADDRESS	ot Na Ca	•	4.3 STREE	T ADDRES	ss					
CITY-ST-ZIP	· · ·		4.4 CITY-S	T-ZIP_						
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	e	
NAME			5.2 NAME			1.1			(Fig. 64)	
STREET ADDRESS			5.3 STREE		ss (					
CITY-ST-ZIP	i -		5.4 CITY-S	T-ZIP				***		
TITLE	CROSSON COLORS	☐ DELETE	6.1 TITLE					[]] Chang	e	
NAME			6.2 NAME							
STREET ADDRESS	手 (4) - 10 (4)		6.3 STREE	ADDRES	SS					

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 changed, or on an attachment with an address, with all other like empowered.