FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90102 015 ***150.00

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 # G98964

1. Corporation Name

CENTRAL PRODUCTION SERVICES GROUP, INC

Principal Place	e of Business	Mailing Address			inte dente minte dente minte nente enne
8725 NW 18 TE	RR.	8725 NW 18 TERR.			
SUITE 202	~~~~~	SUITE 202			
MIAMI FL 33172 MIAMI FL 33172		• -	DO NOT WRITE IN THIS SPACE		
,				Date Incorporated or Qualifed	\
ļ				02/27/1984	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 99905W7)AVE 26 99905W7			TAR	59-2376070	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22 SUITE 21/1 27 SUITE 2/1			7	5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23	11Ani FL	28 miani	pe	Trust Fund Contribution	Added to Fees
Zip	Country		Country 4	a. This corporation owes the current year	ar Intangible
33	180 25 05A	29 33/56 30	USIT	Personal Property Tax.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registe	ered Agent
81 Name					
MOBLEY, JOHN CARTER					
8725 NW 18 TERR.			82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 202			83		
MIAMI FL 33172					
\	, C 001/2		84 City		85 Zip Code
<u> </u>					FL S E C C C C C C C C C
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					į
O/O/W//O/NE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	stered Agent signature requi	red when reinstating) DAT	E
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICER	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOBLEY, JOHN CARTER		1.2 NAME	9990 SW 77 ANS MIANI K 33	soe all
STREET ADDRESS	8725 NW 18 TERR. SUITE #202		1.3 STREET ADDRESS	7.4	217
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIANI FE 5	2736
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS		1:	2.3 STREET ADDRESS		
CITY-ST-ZIP		1.	2.4 CITY-ST-ZIP		
TITLE	-		3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	*	I.	3.3 STREET ADDRESS		
CITY-ST-ZIP	۲,		3.4. CITY- ST- ZIP		1
TITLE			4.1 TITLE		Change Addition
I NAME			4. 2 NAME		
			-		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D€LETE	5.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

[] Addition