FILED

Jan 26, 1999 8:00am

Secretary of State

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**

I, Corporatio					01-26-1999 90002 007 130	7.00	
C.S.P.,	INTERNATIONAL, INC						
Principal Plac	ce of Business	Mailing Address				ELEKI BIDII DEBIH D	JUN 2484 (44)
6020 NW 67TH PARKLAND FL	I CT 33067	6020 NW 67TH CT PARKLAND FL 33067	•				•
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	•				07/09/1985		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	I Ap	plied For
21	**	26			59-2559327	→	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			5. Contracts of Contracts Decired	Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	28 Zip	Country	,	Trust Fund Contribution	Added t	o Fees
24	25	29	30	•	 This corporation owes the current year In Personal Property Tax. 	itangible Yes	(2 / No
	9 Name and Address of Current	Registered Agent	100		10. Name and Address of New Registered		45.14
DED.	RY, MARK C.		81	Name			
C S 1975 EAST SUNRISE BLVD., SUITE 800				Street Add	ress (P.O. Box Number is Not Acceptable)		
GATEWAY CENTRE							eitt 3000 (884)
	LAUDERDALE FL 33304	•	83				
, , , ,	E TODET DI LE TE GOODT		84	City	THE STATE OF THE S	85 Zip C	
44 Durement	to the provisions of Sections 607 0503	grade 07/1509 Florida Status	tos the show	o named son	FI	s bonging its	ropistored
office of r	registered agent, or both, in the State of	of Florida. Such change was a	authorized by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as rec	jistered
	nm familiar with, and accept the obligati	ions of, Section 607.0505, Fig	onda Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Ager	nt signature require	ed when reinstating)		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	Addition
NAME .	POMERANTZ, STEVEN		1.2 NAME			•	,
STREET ADDRESS	6020 N.W. 67TH COURT	•	1.3 STREET	TADORESS			
CITY-ST-ZIP	PARKLAND FL V		1.4 CITY-S	T-ZIP	<u> </u>		
TITLE		. U DELETE	2.1 TITLE		•	Change	☐ Addition
NAME STREET ADDRESS	MUSSO, TONY 3799 NE 6TH DRIVE		2.2 NAME				
CITY-ST-ZIP	BOCA RATON FL : 4 4 47,		2.3 STREET 2. 4 CITY-S		•		•
TITLE	BOOK INTOINTE CAR A SEC.	☐ DELETE	3.1 TITLE	51-ZIP		☐ Change	Addition
NAME (_	3.2 NAME		•		
STREET ADDRESS		\	3.3 STREET	TADORESS		eria e e e e e e e e e e e e e e e e e e e	~ 61.12mm
ا المالية CITY-ST-ZIP	「「ANTARA COLUMN ANTARA COLUM		3.4. CITY-S				37013
TITLE	Control of the Contro						
NAME		☐ DELETE	4.1 TITLE			Change F	Addition
STREET ADDRESS	: 1	☐ DELETE	4.1 TITLE 4. 2 NAME			[©] □ Change →	Addition
	rá Protografia	☐ DELETE		TADDRESS		[™] Change ∓	Addition
CITY-ST-ZIP	73 76 (*)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 2 NAME 4.3 STREET 4.4 CITY-ST				
TITLE	tá yarty		4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE			© Change →	Addition
TITLE NAME	tá yesttyja	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T-ZIP			
NAME STREET ADDRESS	74 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP			
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NAME STREET ADDRESS	43 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	T-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 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.

6.4 CITY+ST+ZIP

SIGNATURE.

561-863-8446