## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name H88772 (9)

CAPITAL SERVICES INTERNATIONAL, INCORPORATED

Principal Place of Business
3113 W. SLIGH AVE
TAMPA FL 33614
US

Mailing Address

3113 W. SLIGH AVE TAMPA FL 33164 US



00						3. Date incorporated or Qualified 12/05/1985	3a. L	05/01/19	95
. Principal Place	of Business	2a. Mailing Addres	<u> </u>		4. FEI Number 59-2603589	1	<u> </u>	oplied For of Applicable	
		26			33 200000				
Suite, Apt. #, €	etc	Suite, Apt. #, €	tc.		5. Certificate of Status Desired See Required Fee Required				
O.b. B Ctata		City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		28				Trust Fund Contribution			to Fees
Zip Country Zip			þ	Country		8. This corporation has liability for	ntangib سا ۱۳۱	le tax under si 1	99.032,
25 29 30				Florida Statutes Yes No  10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Ranie Bild Address of Heart			
[**]									
FONTE, IGNAZIO, JR.				82 Street Add		ess (P.O. Box Number is Not Acceptat	ole)		
	OUTH MACDILL		83						
TAMPA FL				00					
				84	City		1	FL 85 Zip	Code
		1005 7400 11-21	Chat don the a		named coman	ration submits this statement for the pure	mose o	f changing its re	gistered offi
				e cout. nove	named corpor ioration's boar	ration submits this statement for the portion of directors. Thereby accept the app	ointine	nt as registered	agent. Lam
familiar with,	and accept the obligations of, Se	ction 607.0505, Florida S	tatute						
GNATURE	, a Jor		nes	١.,	rtsgnatio hapite	10100	7 <b></b>	1996	
3	OFFICERS A	NO DIRECTORS	1.11			ADDITIONS/CHANGES TO OF	ICERS	AND DIRECTOR	RS IN 12
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I do hereby certify that the information supplied with this ling is voluntarily turnished and ones not quality for the exemption stated in Section 113,000,000. The 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 certify that I am an officer or director of the ecceiver 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 aron an attachment with an address.

NATURE AND TYPED OBTRINTED NAME OF SIGNING OFFICER OR DIRECTOR