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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J47901

(0)

1. Corporation Name

CSC HOLDING, CORP.

Principal Place of Business

% JOHN P. KALLESTAD
605 TOWNSEND ROAD
COCOA FL 32926

Mailing Address

% JOHN P. KALLESTAD
605 TOWNSEND ROAD
COCOA FL 32926-3321

3. Date Incorporated or Qualified
12/18/1986

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOIVU, MARTIN S.
5100 DALEHURST DRIVE
COCOA FL 32926

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	KALLESTAD, JOHN P.	
STREET ADDRESS	658 S. INDUSTRY RD.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANFIELD, LESLIE H.	
STREET ADDRESS	2668 N. DARLINGTON	
CITY-ST-ZIP	TULSA OK	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KOIVU, MARTIN S.	
STREET ADDRESS	5100 DALEHURST DR.	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	605 Townsend Road	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Cocoa, FL 32926	
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kershaw, Roy A.	
4.3 STREET ADDRESS	330-1 Diplomat Blvd.	
4.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 a T address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN S. KOIVU

1/14/97

407 632 5640

Date

Daytime Phone #

0102438

CR2E034 (9/96)