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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K20460 (7)		
1. Corporation Name CSH MINI NO. 2, INC.		

Principal Place of Business % W. F. SIMONET 400 N FERN CREEK AVE ORLANDO FL 32803	Mailing Address % W. F. SIMONET 400 N FERN CREEK AVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 6327 Edgewater Drive 26 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL 29 Zip 30 32810 31 Country	3. Date Incorporated or Qualified 04/04/1988	3a. Date of Last Report 03/11/1994	4. FBI Number 59-2889571	Applied For Not Applicable
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SIMONET, W. F. 400 N FERN CREEK AVE ORLANDO FL 32803	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	☐ Change ☐ Addition
NAME	HOLMES, JAMES	1.2 NAME	
STREET ADDRESS	%WFS400 N FERN CR	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, GLENN	2.2 NAME	
STREET ADDRESS	%WFS400 N FERN CR	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James G. Holmes President James G. Holmes 3-20-95 407 779 8940
Signature and typed or printed name of signing officer or director
Title
Telephone Number