## 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 # K27145

C.S. MORAN, INC.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90062 017 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address				1 B1611 B1911 B1911 B1911	#1#11 #1#11 1##1			
204 MYRTLE AVE NOKOMIS FL 34275 US		204 MYRTLE AVE NOKOMIS FL 34275 US		DO NOT WRITE IN	THIS SPACE	. '				
					3. Date Incorporated or Qualifed			] ·		
					06/22/1988		•			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	A	oplied For	or "		
21		26			59-2903227	N	ot Applicable	į		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional	7		
22		27			5. Certifcate of Status Desired	Fee R	equired			
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	İ		
23		28	•		Trust Fund Contribution	Added	to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current ye		<b>-</b>	-		
24	25	29	30		Personal Property Tax.	☐Yes	No	-		
	9. Name and Address of Cur	rrent Registered Agent		04 N	10. Name and Address of New Regis	tered Agent		ł		
EOI	JRNIER, ROBERT M	* •		81 Name						
46 N. WASHINGTON BLVD			Ī	82 Street Add	ress (P.O. Box Number is Not Acceptable)					
	TE 21		F	00	1 2 Control of the state of the state of the state of	i ministration de la companie	Kidie Tidis 1849	ł		
	RASOTA FL 34236			83						
OAI	MOOTA TE OFEOD		Ī	84 City	रिक्र करिक राज्यात्र अवस्था करिका हो दिवा सर	85 Zip	Code ******			
			41		4	FL	- registered	4		
office or	registered agent, or both, in the Sta	ate of Florida. Such change was a	authorized	by the corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	gistered			
😂 agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Statu	tes.						
SIGNATURE		Alor	T. D!		D	ATE		١.		
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	agent signature require	ad when reinstating) '		DRS IN 12	1 6		
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CITY-ST-ZIP	NOKOMIS FL 34275			Y-ST-ZIP	·			}		
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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.