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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K66330

CSD LINUMITED, INC.

Charles, Mo.					BB 18811 8811 8 181	RIBIL BERIF BERFE	AIAII 41811 1481
e of Business	Mailing Address		·	1	88 (1)11 88 (1) 8 18(1)	WISH 91211 61611	
CALLAHAN	C/O WILLIAM CALLAHAN						
PARK CIRCLE				DO NOT W	VOITE IN THI	e edace	
. 34744						3 SPACE	
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race of Business	⊢ •			i			ot Applicable
# etc				Î			Additional
	<u> </u>			5. Certifcate of Status Desired	# . ⊔		equired
te	City & State	**		6. Election Campaign Financi	ng _	\$5.00	May Be
	28			Trust Fund Contribution	<u> </u>		to Fees
Country	Zip	Country		8. This corporation owes the	current year l	ntangible	
25	29	30		Personal Property Tax.		Z Yes	□No
				10. Name and Address of Ne	w Registere	d Agent	
	•	81	Name	·		•	
		82	Street Addres	ss (P.O. Box Number is Not Acc	eptable)	· · ·	
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		84	City		F	L 85 Zip	Code *
grifted also set	1007/4500 (FI-14- OL-14-	s the above	named cornor	ration submits this statement for	the purpose of	of changing it	s registered
to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	named corpor				
registered agent, or both, in the State of	of Florida: Such change was au	thorized by th	ne corporation	's board of directors. I hereby ac	cept the app	ointment as n	egistered
registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida: Such change was au	thorized by th	ne corporation	's board of directors. I hereby ac	ccept the app	ointment as r	egistered
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CITY-ST-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90037 043 ***150.00