

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K87618

(0)

1. Corporation Name

CFS & ASSOCIATES INC.

Principal Place of Business

%CHARLES F. SEIP
4661 SW 128 AVE
FT LAUDERDALE FL 33330

Mailing Address

%CHARLES F. SEIP
4661 SW 128 AVE
FT LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0117982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SEIP, CHARLES F.
4661 SW 128 AVE
FT LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the filer, applicable)

(Signature, typed or printed name of registered agent and the filer, applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SEIP, CHARLES F.
STREET ADDRESS	4661 SW 128 AVE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	VT
NAME	SEIP, C. WESLEY
STREET ADDRESS	3221 NW 103 TERR
CITY, ST, ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the filer, 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)(b), Florida Statutes. I further certify that the information indicated on the 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 precursor or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in accordance with an address.

SIGNATURE

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CHARLES F. SEIP

2-16-95

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