

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L85449** (1)

1. Corporation Name

CBS CONSULTING, INC.



Principal Place of Business

**1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937**

Mailing Address

**1360 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified

07/05/1990

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

1706 ATLANTIC STREET

4. FEI Number

59-3018204

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

3A

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

Melbourne Beach FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

32951

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERSON, LESLIE R.
1360 SOUTH PATRICK DRIVE
SATELLITE BEACH 32937**

81 Name

LESLIE R. MURPHY

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

1706 ATLANTIC STREET # 3A

83

84

Melbourne BEACH

FL

85

**Zip Code
32951**

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

Leslie R. Murphy

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PERSON, MURPHY, LESLIE R**
STREET ADDRESS **1360 SOUTH PATRICK DRIVE**
CITY - ST - ZIP **SATELLITE BEACH FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **MURPHY, LESLIE**
1.3 STREET ADDRESS **1706 ATLANTIC ST # 3A**
1.4 CITY - ST - ZIP **MELBOURNE BEACH FL 32951**

TITLE **VP** ☐ DELETE

NAME **MURPHY, JAMES M**
STREET ADDRESS **1706 ATLANTIC ST (3A) # 3A**
CITY - ST - ZIP **MELBOURNE BCH FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leslie R. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

407-925-1464

Daytime Phone #

CR2E034 (12/95)