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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1706 ATLANTIC ST
3A
MELBOURNE BCH FL 32951-2342
US

3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1360 South Patrick Dr.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 32937

30 BREVARD

4. FEI Number

59-3018204

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

10. Name and Address of New Registered Agent

LESLIE R MURPHY
1706 ATLANTIC ST 3A
MELBOURNE BCH FL 32951

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MURPHY LESLIE
STREET ADDRESS 1706 ATLANTIC ST. 3A
CITY-ST-ZIP MELBOURNE BCH FL

1.1 TITLE P-D-S ☒ Change ☐ Addition

1.2 NAME Murphy, Leslie
1.3 STREET ADDRESS 1360 South Patrick Drive
1.4 CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE VP ☐ DELETE

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

2.1 TITLE VP-D-TR ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1360 South Patrick Drive
2.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937

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 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, changed, or on an attachment with an address.

SIGNATURE:

Leslie R Murphy

2/7/97

407-773-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0105403

CR2E034 (9/96)