## FILED \* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** Aug 15 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # C.S. N. F. Enterprises, INC. COMP Number: M44720 3. Date Incorporated or Qualified 3a. Date of Last Report 1-13-87 3-8-96 Principal Place of Business 9987 N.W. 64 2a. Mailing Address 4. FEI Number Applied For 26 9987 N.W. 69 Court N/A COURT ✓ Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional $\mathbf{x}$ 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Plantation Plantation Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 33324 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NEAL C. HARMON Street Address (P.D. Box Number is Not Acceptable) 82 N.W. 60 Court City Plantation 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. NEAL C. HARMON (NOTE Registered Agent signature required when 11 August 97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition NEAL C. HARMON NAME 1.2 NAMÉ 9987 N.W Gtb Count STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE SHARI L. HARMON 9987 N.W. GTO COURT NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS Plantation CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CiTY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition Tate F 611016 100002271111 -08/19/97--01037--032 NAME 62 NAME

14. Ido heroby 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.

6.4 CITY - \$1 - ZIP

63 STREET ADDRESS

\*\*\*558.75

NEALC HARMON, P 11 Aug 97 954-423-3629
TO DESTRUCTION OF PROPERTY OF THE PROPE SIGNATURE:

STREET ADDRESS