## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P92000002816 (6)

## **FILED** Apr 28 1997 8:00am Secretary of State

C&B HOLUB, INC.  Principal Place of Business  Mailing Address  1150 COUNTRYCLUB BLVD. SUNNY HILLS FL 32428  SUNNY HILLS FL 32428								
					3. Date Incorporated or Qualifier		ate of Last	Report
2 Principal P	lace of Business	2a. Mailing Address	- <del></del>		11/03/1992 4. FEI Number	U2/	02/1996	Applied For
1	ider of Eigeniess	26			59-3152654			Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27	,		5. Certinicate of Status Desired	 	Fee	Required
City & Stat	e	City & State			6. Election Campaign Financing			May Be
<b>3</b>   Zip	Country	28 Zip	Cour	des	Trust Fund Contribution			to Fees
4	25	29	30	iti y	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intangible		8 199.032,
<u> </u>	9, Name and Address of Curre		1901		10. Name and Address of New			
HOL	.UB, CHARLES F			Name				
	COUNTRYCLUB BLVD.		-	32 Street Add	fress (P.O. Box Number is Not Accep	table)		
	INY HILLS FL 32428		Ĺ				<del></del>	
			{	B3				
				84 City		ر جن	85 Zij	Code
				1		<u> </u>	<u>.   .  </u>	
111 1 00 30000	estimated asset or bottom to the Cant	or and con reco, morad state	100, 110 21	010 1101100 001	poration submits this statement for the ation's board of directors. I hereby acc	cent the enr	ointment a	is registered
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change was gations of, Section 607.0505, Fl	authorized lorida Stati	by the corpora	and a board of directors. Thereby act	copi ii io upi		-
office or r agent. I a	egistered agent, or both, in the statum familiar with, and accept the obligation of the properties of the status o	gations of, Section 607.0505, F	lorida Statu	ites.	pred when reinstang)	DATE		
office or r agent. La SIGNATURE	m familiar with, and accept the obli-	gations of, Section 607.0505, F  gent and title if applicable (NO ND DIRECTORS	lorida Statu	ites.		DATE	DIRECTO	ORS IN 12
office or ragent. Fa	m familiar with, and accept the oblig Signature, typical or printed name of reposered at OFFICERS AT	gations of, Section 607.0505, F	TE Registered  13. 1.1 Tit	Agent signature requ	ured when reinstaing)	DATE		ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the oblig Signature, typicd or pointed name of reposered a OFFICERS AT P HOLUB, CHARLES F	gations of, Section 607.0505, F  gent and title if applicable (NO ND DIRECTORS	TE: Registered 13. 1.1 Tit 1.2 NA	Agent signature requ E ME	ured when reinstaing)	DATE	DIRECTO	ORS IN 12
office or agent. I a SIGNATURE  12.  TITLE  NAME STREET ADDRESS	m familiar with, and accept the obligation of the process of the obligation of the process of the collection of the process of the collection of the process of the collection	gations of, Section 607.0505, F  gent and title if applicable (NO ND DIRECTORS	TE Registered  13. 1.1 III 1.2 NA 1.3 STI	Agent signature require.  E  ME  EET ADDRESS	ured when reinstaing)	DATE	DIRECTO	ORS IN 12
office or ragent. Fa agent. Fa SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-7IP	m familiar with, and accept the obligation by the properties of th	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS DELETE	TE Registered 13. 1.1 IIT 1.2 NA. 1.3 STI 1.4 CI	Agent signature requ  LE  AE  ME  MET ADDRESS  Y-ST-ZIP	ured when reinstaing)	DATE	DIRECTO Change	DRS IN 12
office or ragent. Fa	m familiar with, and accept the obligative, typical or printed name of registered a OFFICERS AT P HOLUB, CHARLES F 34169 N. SINGLE OAK CT. INGLESIDE IL VPST	gations of, Section 607.0505, F  gent and title if applicable (NO ND DIRECTORS	13. 1.1 III 1.2 NA 1.3 STI 1.4 Cil	Agent bignature requ  E  AE  EEFT ADDRESS Y-ST-ZIP  E	ured when reinstaing)	DATE	DIRECTO	DRS IN 12
office or agent. Fa agent. Fa agent. Fa signature 12. Title hame street address city-st-7P title hame	m familiar with, and accept the obligative, typical or printed name of registered at OFFICERS AT P HOLUB, CHARLES F 34169 N. SINGLE OAK CT. INGLESIDE IL VPST HOLUB, BETTY A	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 III 1.2 NA. 1.3 STI 1.4 CIT 2.2 NA.	Agent bignature requ  E  AE  AE  EEF ADDRESS  Y-SY-ZIP  E  ME	ured when reinstaing)	DATE	DIRECTO Change	DRS IN 12
office or agent. Fa agent.	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 III 1.2 NA. 1.3 STI 2.1 TIII 2.1 TIII 2.2 NA. 2.3 STI	Agent signature requires  E  ME  SEET ADDRESS  Y-ST-ZIP  E  EET ADDRESS	ured when reinstaing)	DATE	DIRECTO Change	DRS IN 12
office or agent. Fa signature  12.  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP	m familiar with, and accept the obligative, typical or printed name of registered at OFFICERS AT P HOLUB, CHARLES F 34169 N. SINGLE OAK CT. INGLESIDE IL VPST HOLUB, BETTY A	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 III 1.2 NA. 1.3 STI 2.1 TIII 2.1 TIII 2.2 NA. 2.3 STI	Agent bignature require.  E  AE  EEF ADDRESS  Y-ST-ZIP  E  EEF ADDRESS  Y-ST-ZIP	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition
office or agent. Fa agent. Fa SIGNATURE  12. Title  NAME STREET ADDRESS CITY-ST-7IP TITLE  NAME STREET ADDRESS C-TY-ST-7IP TITLE	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE	13. 1.1 III 1.2 NA. 1.3 STI 2.2 NA. 2.3 STI 2.4 CI	Agent signature requ  E  AE  ME  MET ADDRESS  Y-ST-ZIP  ME  MET ADDRESS  (Y-ST-ZIP)  E  EET ADDRESS	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition
office or agent. Fa agent. Fa SIGNATURE  12. Title NAME STREET ADDRESS CLY-ST-7IP TITLE NAME STREET ADDRESS CLY-ST-7IP TITLE NAME NAME	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE	TE: Registered  13. 1.1 III 1.2 NA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA	Agent signature requ  E  AE  ME  MET ADDRESS  Y-ST-ZIP  ME  MET ADDRESS  (Y-ST-ZIP)  E  EET ADDRESS	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition
office or agent. Fa SIGNATURE  12. Title NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS STREET ADDRESS	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE: Registered  13. 1.1 III 1.2 NA 1.3 STI 1.4 CI 2.1 TIII 2.2 NA 2.3 STI 2.4 CI 3.1 TIII 3.2 NA 3.3 STI 3.3 STI	Agent bignature required.  E.E. ALE EET ADDRESS Y-ST-ZIP  E.E. ALE EET ADDRESS Y-ST-ZIP  E.E. ALE ADDRESS ALE ADDRESS ALE ADDRESS ALE ADDRESS ALE ADDRESS ALE	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition Addition
office or agent. Fa SIGNATURE  12. Tifle NAME STREEL ADDRESS CLY-SI-7IP TILE NAME STREEL ADDRESS CLY-SI-7IP TILE NAME STREEL ADDRESS CLY-SI-7IP TILE NAME STREEL ADDRESS CLY-SI-7IP	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE	TE: Registered  13. 1.1 III 1.2 NA 1.3 STI 1.4 CI 2.1 TIII 2.2 NA 2.3 STI 2.4 CI 3.1 TIII 3.2 NA 3.3 STI 3.3 STI	Agent bignature required.  E.E. A.E. EET ADDRESS Y-ST-ZIP	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition Addition
office or agent. Fa SIGNATURE  12.  THE  NAME STREET ADDRESS CLY-ST-ZIP THE  NAME STREET ADDRESS CHY-ST-ZIP THE  NAME STREET ADDRESS CHY-ST-ZIP THE  NAME STREET ADDRESS CHY-ST-ZIP	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE: Registered  13. 1.1 III 1.2 NA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA	Agent bignature required.  LE ALE ALE EET ADDRESS Y-ST-ZIP LE ALE EET ADDRESS Y-ST-ZIP LE LEET ADDRESS Y-ST-ZIP LE ME ME ME ME ME	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition Addition
office or agent. Fa SIGNATURE  12. Title NAME STREET ADDRESS CITY-ST-7/P TITLE NAME	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI	Agent bignature required.  LE ALE ALE EEFT ADDRESS Y-ST-ZIP LE ALE LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS ME LEET ADDRESS ME LEET ADDRESS	ured when reinstaing)	DATE	DIRECTO Change	ORS IN 12 Addition Addition
office of agent. Fa SIGNATURE  12. Tifle NAME STREET ADDRESS CITY-ST-7/P	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE: Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.2 NA 4.3 STI 4.2 NA 4.3 STI 4.4 CI 4.4 CI 4.4 CI	Agent bignature required.  LE  AE  AE  EEFF ADDRESS  Y-ST-ZIP  LE  ME  LEET ADDRESS  Y-ST-ZIP  LE  ME  ME  LET ADDRESS  Y-ST-ZIP	ured when reinstaing)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office of a agent. Fa agent. Fa agent. Fa signature  12.  Title  MAME STREET ADDRESS CITY-ST-7IP TITLE	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 4.3 STI 4.2 NA 4.3 STI 4.4 CI 5.1 TII 5.1 TII	Agent bignature required.  LE  AE  AE  EEFF ADDRESS  Y-ST-ZIP  LE  ME  EEFF ADDRESS  Y-ST-ZIP  LE	ured when reinstaing)	DATE	DIRECTO Change	DRS IN 12 Addition Addition Addition
office of agent. Fa agent. Fa SIGNATURE  12. THLE  NAME STREEL ADDRESS CITY-ST-7/P THLE  NAME	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	TE Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CFI 2.1 TII 2.2 NA 2.3 STI 2.4 CFI 3.1 TII 3.2 NA 4.3 STI 4.2 CFI 4.1 TII 4.2 NA 4.3 STI 4.4 CFI 5.1 TII 5.2 NA	Agent bignature required.  LE  AE  AE  EEFT ADDRESS  Y-ST-ZIP  LE  AE  EEFT ADDRESS  Y-ST-ZIP  LE  ME  EEFT ADDRESS  Y-ST-ZIP  LE  ME  EEFT ADDRESS  Y-ST-ZIP  LE  ME  ME  EEFT ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	ured when reinstaing)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
office of a agent. Fa agent. Fa agent. Fa signature  12.  101.6  102.  101.6  102.  101.6  102.  103.  104.  104.  105.  105.  106.	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	12: Registered 13. 1.1 III 1.2 MA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.3 STI 5.3 STI 5.4 STI 5.5 STI	Agent bignature required.  LE  AE  BEET ADDRESS  Y-ST-ZIP  LE  AE  BEET ADDRESS  Y-ST-ZIP  LE  ME  BEET ADDRESS  Y-ST-ZIP  LE  ME  BEET ADDRESS  Y-ST-ZIP  LE  ME  BEET ADDRESS  HEET ADDRESS  HEET ADDRESS  HEET ADDRESS	ured when reinstaing)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition
Office of agent. Fa agent. Fa SIGNATURE  12. TITLE  NAME STREEL ADDRESS CITY-ST-7IP	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS   DELETE   DEL	12: Registered 13. 1.1 III 1.2 MA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 3.4 CI 4.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII	Agent bignature required.  LE  AE  AE  EEFT ADDRESS  Y-ST-ZIP  LE  AE  EEFT ADDRESS  Y-ST-ZIP  LE  AE  ME  HEEFT ADDRESS  Y-ST-ZIP  LE  ME	ured when reinstaing)	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
Office of agent. I a SIGNATURE  12. TITLE  MAME STREEL ADDRESS CITY-ST-7IP TITLE  NAME	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and life if applicable (NO ND DIRECTORS DELETE DELETE	IE Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 3.4 CI 3.1 TII 4.2 NA 4.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 STI 5.4 CII 6.1 TII	Agent bignature required.  LE AE AE EEFT ADDRESS Y-ST-ZIP LE ME EEFT ADDRESS Y-ST-ZIP LE EEFT ADDRESS Y-ST-ZIP LE EEFT ADDRESS Y-ST-ZIP LE	ured when reinstaing)	DATE	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
office or ragent. Fa	m familiar with, and accept the oblights in the process of the pro	gations of, Section 607.0505, Figerit and title if applicable (NO ND DIRECTORS   DELETE   DEL	IE Registered  13. 1.1 III 1.2 MA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.4 CI 5.1 TII 5.2 NA 5.3 STI 6.4 CI 6.1 TII 6.2 NA	Agent bignature required.  LE AE AE EEFT ADDRESS Y-ST-ZIP LE ME EEFT ADDRESS Y-ST-ZIP LE EEFT ADDRESS Y-ST-ZIP LE EEFT ADDRESS Y-ST-ZIP LE	ured when reinstaing)	DATE	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition