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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047485 (6)

CUSTOMIZED SERVICES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



14200 SOUTHWEST 85TH STREET MIAMI FL 33183		14260 SOUTHWEST 85TH STREET MIAMI FL 33183-3835						
					 Date Incorporated or Qualified 06/29/1993 	1 -	e of Last F 7/1996	Report
	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0422368	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζιρ 29	Count	ry	8. This corporation has liability for intangible tax unders. 199 032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		-1	10. Name and Address of New Re-	gistered A	gent	
MIN	DLING, GEORGE G		8	1 Name				
14260 SOUTHWEST 85TH STREET MAMI FL 33183			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
N-MIGH	IIII I E 40100		8	3			•	
			8	4 City		FL	85 Zip	Code
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, I	Florida Statu	es.	ation's board of directors. I hereby acceptions when reinstaling	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 3tfL			l	Change	Addition
NAME	MINDLING, GEORGE G		1.2 NAM	E				
STREET ADDRESS	14260 SW 85TH STREET			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL	☐ DELETE		-ST-ZIP			Change	Addition
TITLE			21 THL				Change	
NAME Street address			2.2 NAM	ET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP				
TITLE		☐ DELETE	3.1 TITE				Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				4 4400
TITLE		☐ DELETE	4.1 7(7).			ŀ	Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE	<u></u>	DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAV					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			5.4.0(1)	'- ST - ZIP				
TITLE		DELETE	61 TITL	i T			Change	☐ Addition
NAME			62 NAN	IE				
STREET ADDRESS			6.3 STR	EET AUDRESS				
CITY-ST-ZIP			6.4 CITY	'-SI-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 12 in changed, or on an attachment with an address.