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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000078853 (7)**
1. Corporation Name
C & S INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address
605 OCEAN DRIVE APT. 11-M KEY BISCAYNE FL 33149 US **HAROLD M. CERRA 605 OCEAN DRIVE, APT. 11-M KEY BISCAYNE FL 33149 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1993** 3a. Date of Last Report **02/22/1994**
4. FEI Number **65-0451378** 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

2. Principal Place of Business *Santa Monica* 2a. Mailing Address *Santa Monica*
21 **4705 N. OCEAN BL** 25 **4705 N. OCEAN BL**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **608-D** 27 **608-D**
City & State **BOCA RATON, FL** 28 **BOCA RATON, FL**
24 **33308** 25 **US** 29 **33431** 30 **US**

9. Name and Address of Current Registered Agent
**CERRA, HAROLD M
605 OCEAN DRIVE
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent
81 Name **BARBARA BUHS SILVER**
82 Street Address (P.O. Box Number is Not Acceptable) **4101 N. OCEAN BL**
83 **608-D**
84 City **BOCA RATON** FL 85 Zip Code **33431**

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 **BARBARA BUHS SILVER (Pres)** *Barbara Buhs Silver 4-6-95*
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registration) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERRA, HAROLD M
STREET ADDRESS	605 OCEAN DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL 33149
TITLE	D
NAME	SILVER, JACK
STREET ADDRESS	3 KIMBERLY WAY
CITY - ST - ZIP	RIVER EDGE NJ 07861
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA BUHS SILVER	
1.3 STREET ADDRESS	4101 N. OCEAN DR	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33431	
2.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK SILVER	
2.3 STREET ADDRESS	4101 N. OCEAN DR	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33431	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 Block 14.

SIGNATURE: *Barbara Buhs Silver* **4-6-95** **305-942-1757**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)