

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007592

1. Corporation Name

COMMUNITY BASED SERVICES, INC

100001840761
-05/28/96--01032--015
***200.00

Principal Place of Business

1670 S.W. 35th Circle
OKEECHOBEE, FL 34974

Mailing Address

P.O. Box 1326
OKEECHOBEE, FL.
34973-1326

2. Principal Place of Business

21 1670 S.W. 35th Circle

Suite, Apt. #, etc.

22 City & State

23 OKEECHOBEE, FL.

24 Zip

34974

Country

25 OKEECHOBEE

2a. Mailing Address

26 P.O. Box 1326

Suite, Apt. #, etc.

27 City & State

28 OKEECHOBEE, FL.

Zip

29 34973-1326

Country

30 OKEECHOBEE

3. Date Incorporated or Qualified

JAN. 21, 1994

3a. Date of Last Report

6/30 1995

4. FEI Number

65-0495806

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

ANDREW L. FENNELLY
3701 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

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 of Registered Agent (if not the same as the corporation's)

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P NORMAN L. BAUM ☒ DELETE
NAME 23276 COSTA DEL SOL
STREET ADDRESS Boca
CITY-STATE-ZIP

TITLE D/P ☒ DELETE
NAME NORMAN L. BAUM
STREET ADDRESS 23276 COSTA DEL SOL
CITY-STATE-ZIP BOCA RATON, FL 33433

TITLE D/V ☐ DELETE
NAME ANDREW L. FENNELLY P.O. 3706
STREET ADDRESS 3701 NORTH FLAGLER DRIVE
CITY-STATE-ZIP WEST PALM BEACH, FL 33407

TITLE D/S ☐ DELETE
NAME ERIC G. ZENGOTA
STREET ADDRESS P.O. BOX 8486
CITY-STATE-ZIP WEST PALM, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME D/P/T
33 STREET ADDRESS ANDREW L. FENNELLY
34 CITY-STATE-ZIP 3701 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

41 TITLE ☐ Change ☐ Addition
42 NAME D/V/S
43 STREET ADDRESS ERIC G. ZENGOTA
44 CITY-STATE-ZIP 156 SUMMIT AVENUE
CLIFFSIDE PARK, N.J. 07010

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.07(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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941-763-4646

Date

Day/State/Phone #

CR2E034 (12/95)