

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

AND FILED

95 MAR -1 PM 4: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1995



DOCUMENT # P94000008741 (8)

CUSTOM SERVICE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

1. Name of Corporation		Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
7027 W. BROWARD BLVD., STE. 232 PLANTATION FL 33317		7027 W. BROWARD BLVD., STE. 232 PLANTATION FL 33317		01/24/1994	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0468461	Not Applicable		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24	29	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAHN, CORINNE B 1433 S. UNIVERSITY DR., STE. 210 PLANTATION FL 33324				01 Name	KAHN, CORINNE B.		
				02 Street Address (P.O. Box Number is Not Acceptable)	2600 N. MILITARY TRAIL		
				03	Suite 400		
				04 City	Boca Raton	05 FL	06 Zip Code 33431

11. I, the undersigned, the president of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the office listed, or listed, 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

*Corinne B. Kahn* 2-22-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D GRILLIOT, RONALD L 9020 VINEYARD LAKE DR. PLANTATION FL 33324	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SCHLUETER, JEFFREY J 5350 PINE TERR. PLANTATION FL 33317	19 NAME	
NAME		14 STREET ADDRESS	
NAME		14 CITY, ST, ZIP	
NAME		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
NAME		23 STREET ADDRESS	
NAME		24 CITY, ST, ZIP	
NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
NAME		33 STREET ADDRESS	
NAME		34 CITY, ST, ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
NAME		43 STREET ADDRESS	
NAME		44 CITY, ST, ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
NAME		53 STREET ADDRESS	
NAME		54 CITY, ST, ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
NAME		63 STREET ADDRESS	
NAME		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report or true and accurate and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida, or on an attachment with an address.

SIGNATURE: *Ronald L. Grilliot* Ronald L. Grilliot 2/15/95 305-633-6817

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR