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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000036197 (9)

C&D SALES & SERVICE, INC.

## May 01 1998 8:00am Secretary of State

**FILED** 



| Date de la Disco de Bratana   |   |                                       |            |                            |   |                     |
|---|---|---------------------------------------|------------|----------------------------|---|---------------------|
| Principali  | Place of Business                       | Mailing Address                       |            |                            |   |                     |
| 12310 SW 117 COURT 12310 SW 117 COURT   |   |                                       |            |                            | 1   |                     |
| MIAMI FL 33186 MIAMI FL 33186   |   |                                       |            |                            | DO NOT WRITE IN THIS SPACE                  |                     |
|   |   |                                       |            |                            | 3. Date Incorporated or Qualified           |                     |
|   |   |                                       |            |                            | 04/12/1994                                  |                     |
| 2. Princip  | al Place of Business                    | 2a. Mailing Address                   |            |                            | 4. FEI Number                               | Applied For         |
| 21  | 26                                      |                                       |            |                            | 65-0494981                                  | Not Applicable      |
| Sulte,  | Suite, Apt. #, etc. Suite, Apt. #, etc. |                                       |            |                            | 5. Certificate of Status Desired            | \$8.75 Additional   |
| 27 27   |   | · · · · · · · · · · · · · · · · · · · |            |                            | 6. Certificate of Status Desired            | Fee Required        |
|   | y & State City & State                  |                                       |            |                            | 6. Election Campaign Financing              | \$5.00 May Be       |
| 23  |   | 28                                    |            |                            | Trust Fund Contribution                     | Added to Fees       |
| Zip   | Country                                 | )—, ·                                 | Zip Counti |                            | 8. This corporation owes or has paid the cu |                     |
| 24  | 25                                      |                                       |            |                            |   | Yes Z No            |
|   | 9, Name and Address of Curre            | nt negistereo Agent                   |            | Name                       | 10. Name and Address of New Registered      | Agent               |
|   | SMITH, ROBERT W JR                      |                                       | J°         | 1 Ivanie                   |   | J                   |
|   | 9420 SW 192 DRIVE<br>MIAMI FL 33157     |                                       | 8          | 2 Street Add               | ress (P.O. Box Number is Not Acceptable)    |                     |
|   |   |                                       | 13         |                            |   |                     |
|   |   |                                       | °          | 13                         |   |                     |
|   |   |                                       | 8          | 4 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                                       |            |                            |   |                     |
| 12.   |   | D DIRECTORS                           | 13.        | Agoilt organistic to to de | ADDITIONS/CHANGES TO OFFICERS AN            | D DIRECTORS IN 12   |
| TITLE   | D                                       | DELETE                                | 1.1 ТІТЦ   |                            | `4  | Change Addition     |
| NAME  | SMITH, ROBERT W JR                      |                                       | 1.2 NAM    | iE                         | 1   |                     |
| STREET ADDR   |   |                                       | 1.3 STAE   | ET ADDRESS                 |   | [8                  |
| CITY-ST-ZIP   | MIAMI FL 33186                          |                                       | 1.4 C(TY   | -ST-ZIP                    |   | [5                  |
| TITLE   | D                                       |                                       |            | E                          |   | Change Addition     |
| NAME  | SMITH, ROBERT W                         |                                       | 2.2 NAM    | E                          |   |                     |
| STREET ADDR   | ss 4921 SW 97 AVE                       |                                       | 2.3 \$TRE  | ET ADDRESS                 |   |                     |
| CITY-ST-ZIP   | MIAMI FL 33165                          |                                       | 2.4 CITY   | (-ST-ZIP                   |   |                     |
| TITLE   | DELETE                                  |                                       | 3.1 TITLI  | :                          |   | ☐ Change ☐ Addition |
| NAME  |   |                                       | 3.2 NAM    | E                          |   |                     |
| STREET ADDRE  | ess                                     |                                       | 3.3 STAE   | EET ADDRESS                |   | J                   |
| CITY-ST-ZIP   |   |                                       | 3.4. C(T)  | 1-ST-ZIP                   |   |                     |
| TITLE   |   |                                       | 4.1 TITL   | E                          |   | Change Addition     |
| NAME  |   |                                       | 4. 2 NAN   | AE                         |   |                     |
| STREET ADDR   | ss                                      |                                       | 4.3 STRE   | ET ADDRESS                 |   | [                   |
| CITY-ST-ZIP   | <u> </u>                                |                                       | 4.4 CITY   | -ST-ZIP                    |   |                     |
| TITLE   |   | DEL <b>ete</b>                        | 5.1 TITLE  |                            |   | Change Addition     |
| NAME  |   |                                       | 5.2 NAM    | E                          |   | 1                   |
| STREET ADDR   | ss                                      |                                       | 53 STAE    | et address                 |   |                     |
| CITY-\$T-ZIP  |   |                                       | 5.4 Dity   | -ST-ZIP                    |   | j                   |
| TITLE   |   | ☐ DELETE                              | 6.1 TITLI  |                            |   | Change Addition     |
| NAME  |   |                                       | 6.2 NAM    | E                          |   |                     |
| STREET ADDR   | ss                                      |                                       | 6.3 STRE   | ET ADDRESS                 |   |                     |
| CITY-ST-ZIP   | ]                                       |                                       | 6.4 CITY   | -ST-ZIP                    |   |                     |
| 4.4   |   | 21 22 2 22 2                          |            |                            | 0 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (     | 134 14 14 14 14     |

I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

GNATURE:

\*\*Received\*\*

\*

SIGNATURE:

(805) 253.3484