**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

P94000047677 (7)

C F GROUP, INC.

Principal Place of Business

**FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business  TONE PROGRESS PLAZA  ARNETT TOWER #2200  ST PETERSBURG FL 33701		Mailing Address				Habita Direction and Control of the			
		ONE PROGRESS PLAZA BARNETT TOWER #2200 ST PETERSBURG FL 33701-4353							
F F C			_			3. Date Incorporated or Qualified 06/27/1994		Last Report	
Principal P	cipal Place of Business 1 2nd Avenue, NE.  2a. Mailing Address P.O. Box 5					4. FEI Number Applied For 59-3250295 Not Applicat			
Suite, Apt. 704		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	etersburg, FL	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip Country				Trust Fund Contribution	<del></del>	Added to Fees	
33701	· ·			-	U.S.A.	€. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes □ No			
<u> </u>	£. Name and Address of Current	Registered Agent	30		V • D • • • •	10. Name and Address of New Reg	istered Agen	t	
MEANA, JAVIER C				81 1	Name Me	Meana, Jayier C.			
,	: Progress Plaza Nett Tower #2200	82			Street Addres	et Address (P.O. Box Number is Not Acceptable)			
		111 2nd Avenue, N.E.							
51 P	PETERSBURG FL 33701		<b>\$3</b>		Su	ite # 704			
<u></u>	•			84 C	City St	. Petersburg.	FL 85	Zip Code 33701	
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thorized	d by the	amed corpor e corporation	ation submits this statement for the punit's board of directors. I hereby accept	rpose of chan the appointm	iging its registered ent as registered	
SIGNATURE .	<u> </u>								
2.	Signature, typed or printed name of registered agent a OFFICERS AND I		Hegislered	Agent Bi	ignature repuired		DATE	<u> </u>	
TLE	D DELETE					1 C D 11 2 10 D 11 1 10 2 1	<b>X X</b>		
AME	MEANA, JAVIER C		1.2 NA	,	Mea	ana, Javier C.	1111	-	
TREET ADDRESS	1520 Rafael Blvd., N				111 2nd Avenue, N.E., Suite #704				
ITY-ST-ZIP	St. Petersburg, FL 3:	3704	1.4 CITY-ST-ZIP		ſ	Petersburg, FL 33701			
ITLE	☐ DELETE 2.1 TI		LE				hange 🔲 Addition		
AME			2.2 NA	ME					
TREET ADDRESS			2.3 ST	REET ADDI	RESS				
ITY-ST-ZIP		T OF LETT		TY - ST - ZI	IP				
TLE		[1] DELETE	3.1 717				L Ch	ange Li Addition	
AME			3.2 NA	me Reet addf				ł	
TREET ADDRESS				Y-ST- <b>Z</b> IF					
TIE		DELETE	4.1 TITI		<del>'  </del>		Ch	ange Addition	
ÀÆ .			4.2 NA	ME					
REET ADDRESS			4.3 STR	EET ADDR	RESS				
TY-ST-ZIP			4.4 CITY	/- \$1 - <b>2</b> IP					
TLE		☐ DELETE	5 1 TITL	.E	]		Chi	ange Addition	
ME			5.2 NAM				•	あっ_	
REET ADDRESS				EET ADDR				<b>5.5</b>	
Y-ST-ZIP		DELETE		-ST-ZIP			T Ch	noe Addition	
TE .		₩ DETE IE	6.1 Titu 6.2 Nam			20000251: -05/06/980101	\$6 <u>0</u> 5	hine T Vocition	
ME BOET ADDRESS				ET ADDRE	FSS	-05/05/980101	4U47	1	

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 of 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 8n an attachylent with an address.

April 29 1009 (913) 922 0505