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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400052393

1. Corporation Name

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90128 045 ***150.00

CM SALI	ES, INC.					
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	- · ·					
Principal Place	e of Business	Mailing Address				
2518 HICKORY	СТ	2518 HICKORY CT				
CLEARWATER F	FL 34621	CLEARWATER FL 34621				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	•					07/15/1994
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
 -1	lace of business	h				59-3255763 Not Applicable
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			\$8.75 Additional	
		27			5. Certificate of Status Desired Fee Required	
22] City & State		City & State		,	6. Election Campaign Financing S5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	0			Personal Property Tax. Yes XNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
	TON DEPT (4. D			81	Name	KEITH HORTON
	ITON, BERTHA B		1	82	Street A	Address (P.O. Box Number is Not Acceptable)
2518 HICKORY CT						2518 HICKORY CT
CLE	ARWATER FL 34621		ļ	83		
				84	City	85 Zip Code
•						CLEARWATER FL 3376/
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the at	bove-	named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
οπice or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Stati	tes.	16	
SIGNATURE	KEITH HORTON	Carrier 188 C	South	4	Um	Jon 3-31-99
- GIOTOTTOTE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R		Agent	signature re	required when reinstating) DATE DATE
12	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HOPTON VE1TH Change □ Addition
TITLE	(D)	DELETE	1.1 Τ(Ι			HORTON, KEITH Change Addition
NAME	HORTON, BERTHA B		1.2 NA	_		i l
STREET ADDRESS	2518 HICKORY CT		F .	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		-	1.4 CITY-ST-ZIP		CLEARWATER, FL 33761
TITLE		☐ DELETE				J Onlango J Addition
NAME			2,2 NA			
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CITY-ST-ZIP		C) NELETE	1-	TY-\$T-	-ZIP	Change Addition
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STREET ADDRESS	1			·	ODDESS !	
CITY-ST-ZIP	}				ADDRESS	
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		☐ DELETE	3.4, Ct 4.1 TII	TY-ST		☐ Change ☐ Addition
NAME ,		☐ DELETE	3.4. Ct 4.1 TTI 4. 2 N/	TY-ST- TLE AME	· ZIP	
STREET ADDRESS		☐ DELETE	3.4, Ct 4.1 TH 4. 2 N/ 4.3 ST	TY-ST TLE AME TREET	· ZIP	
STREET ADDRESS			3.4, Ct 4.1 TH 4. 2 N/ 4.3 ST 4.4 CD	TY-ST- TLE AME REET A	· ZIP	
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14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED