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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000059164 (1)
1. Corporation Name

C.N.B. ASSOCIATES, INC.

Principal Place of Business

Maihoo Address



2261 DUNHILL AVE MIRAMAR FL 33025  2. Principal Place of Business			2261 DUNHILL AVE MIRAMAR FL 33025					
					3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1995			
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #,	, etc.	Suite, Apt. #, etc			65-0512421			Not Applicable
22	,	27			5. Certificate of Status Desired			5 Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.0	<b>10</b> May Be
Zip	Country	<b>28</b> Zipi	Count	····	Trust Fund Contribution			d to Fees
14	25	29	30	' Y	This corporation has liability for Florida Statutes	intangible tax ⊩∏No	under s	199.032,
	9. Name and Address of Cu		1001		10. Name and Address of New F		aent	
		· · · · · · · · · · · · · · · · · · ·	8	1 Name			•	
	, rohan		8	2 Street Ado	dress (P.O. Box Number is Not Acceptab	de)		
	JNHILL AVE		Ľ		Test to box the files to the deeples.	ж		
MIRAMA	IR FL 33025		8	3				
			8	4 City		FL	85 Z	p Code
	the provisions of Sections 607.0 d agent, or both, in the State of F , and accept the obligations of, S			named corpo poration's boa	oration submits this statement for the pur and of directors. Thereby accept the app	<del></del>	II iging its egistered	registered offici Lagent Lam
		assess foot across, florida stati	nes					
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SIGNATURE SI 12. TITLE	ignature Speed or puritied name of respectives is	ajerta atteiraj salasie ANO DIRECTORS	(NOTE Registered A)			ICERS AND E	DIRECTO Change	PRS IN 12
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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 pranticed or an an attachment was an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICE OR DIRECTOR

10/96 638-9997