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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000063827 (7)

1. Corporation Name
C & S CORPORATION



Principal Place of Business

778 ARTHURS CT
TARPON SPRINGS FL 34689
US

Mailing Address

778 ARTHURS CT
TARPON SPRINGS FL 34689-2855

3. Date Incorporated or Qualified 08/30/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 4705 - 95th Street N
Suite, Apt. #, etc.

2a. Mailing Address
26 4705 - 95th Street N
Suite, Apt. #, etc.

4. FEI Number 59-3269709
Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 St. Petersburg, FL
Zip 33708 Country USA

28 St. Petersburg, FL
Zip 33708 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33708
25 USA

29 33708
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

EMMERSON, SHANNON
778 ARTHURS CT
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name SHANNON Emmerson
82 Street Address (P.O. Box Number is Not Acceptable) 4705 - 95th Street N
83 ?
84 City St. Petersburg FL 85 Zip Code 33708

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. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------|-------------------|-------------------------------------|--------------------------|
| | P | EMMERSON, SHANNON | 778 ARTHURS CT TARPON SPRINGS FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------|----------------------|--------------------------|-------------------------------------|--------------------------|
| 1.1 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | | 4705 - 95th Street N | St. Petersburg, FL 33708 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. 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 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.

SIGNATURE: *Shannon Emmerson* 2/6/97 813-390-7332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)