

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

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Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070128 (1)

1. Corporation Name  
CREDITORS COMMITTEE FOR CIL, INC.



Principal Place of Business  
100 N TAMPA ST  
SUITE 2800  
TAMPA FL 33602  
US

Mailing Address  
100 N TAMPA ST  
SUITE 2800  
TAMPA FL 33602-5187  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 City  
30

3. Date Incorporated or Qualified  
09/21/1994

3a. Date of Last Report  
02/13/1996

4. FEI Number  
59-3284251

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

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

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

9. Name and Address of Current Registered Agent  
STEEN, DAVID W  
100 N TAMPA ST  
SUITE 2800  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
1 Name  
2 Street Address (P.O. Box Number is Not Acceptable)  
3  
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  DAVID W. STEEN 1-28-97  
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	D	DELETE
NAME	VAUGHAN, JOHN T	
STREET ADDRESS	17506 MALLARD COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	DELETE
NAME	TREMBLAY, GREGORY	
STREET ADDRESS	% 529 MAIN STREET	
CITY-ST-ZIP	BOSTON MA 02129	
TITLE	D	DELETE
NAME	HARDER, MICHAEL	
STREET ADDRESS	% 2843 HUNTINGDON PIKE	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	
TITLE	D	DELETE
NAME	MAUCH, ROBERT	
STREET ADDRESS	% 34921 US 19 N., SUITE 415	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Change	Addition

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:  1-27-97  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)