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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000074161 (8) DOCUMENT #

CTS ENTERPRISES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



				<u></u>	
Principal Place of Business Mailing Address				£ 1601/601 (12 101/) 6/6/) 86/() 86/() 80/( 00/() (6	ant diddt isdiğ ditüt siği tağı
		12508 FOREST HILLS DRIV	Æ		
TAMPA FL 33612		TAMPA FL 33612		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/10/1994	
2. Principal	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-3278387	Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o, continuate of oldress besilies	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Complete Com	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	
-		i negistered Agent	81 Name	IU. Marillo dilla Addition di New Hogistore	a Agont
	IRK, STEPHEN R				
12508 FOREST HILLS DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33812			83		
			84 City	F	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					
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 native of repostered agree, and title diapplicable. (NOTE Registered Agent signature required when reinstalling)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TOLE	7,007,007,007,007,007,007,007,007,007,0	☐ Change ☐ Addition
NAME	TURK, STEPHEN R		1.2 NAME		
STREET ADDRESS	*****		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY - ST - ZIP		
TITLE	Š	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURK, CHARLENE		2.2 NAME		
STREET ADDRESS	12508 FOREST HILLS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - ZIP	4.5	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP	<del> </del>	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	•		63 STREET ADDRESS		
CITY-ST-ZIP	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	64 CITY-ST-ZIP	C	
14 I hereby	certay that the information supplied wi	us unis tilino does not qualify for	the exemption stated in	n Section 119 07(3)(i) Florida Statutes, I further o	cerniv that the information. I

officer or director of the corporation supplied with this ining does not quality for the exemption stated in Section 119.07(3)(). Florida Statules, truther certify that the information indicated on this annual report as important 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 it changed, or on an attachment with an address.