

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014045 (5)

1. Corporation Name

CUSTOM FRAMING SERVICES, INC.



Principal Place of Business

Mailing Address

1093 A1A BEACH BOULEVARD
SUITE 305
ST. AUGUSTINE FL 32084

1093 A1A BEACH BOULEVARD
SUITE 305
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1093 A1A BEACH BLVD.

26 1093 A1A BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 260

27 SUITE 260

City & State

City & State

23 ST. AUGUSTINE, FL.

28 ST. AUGUSTINE, FL.

Zip

Country

Zip

Country

24 32084

25

29 32084

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONVEY, ALAN F
1093 A1A BEACH BOULEVARD
SUITE 305
ST. AUGUSTINE FL 32084

81 Name

GLENN F. REITER

82 Street Address (P.O. Box Number is Not Acceptable)

1093 A1A BEACH BLVD.

83

SUITE 260

84 City

ST. AUGUSTINE

FL

85

Zip Code

32084

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

X Glenn F. Reiter

GLENN F. REITER, PRESIDENT.

7/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONVEY, ALAN F	
STREET ADDRESS	1093 A1A BEACH BOULEVARD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D. P. S. T.	<input type="checkbox"/> DELETE
NAME	REITER, GLENN	
STREET ADDRESS	10245 ZIGLER STREET	
CITY-ST-ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN F. REITER
GLENN F. REITER

7/5/96

Date

90445714496

Corporate Phone #

CR2E034 (12/95)