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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000014101 (6)

C.J.S. DEVELOPMENT, INC.

Principal Place	e of Business	Mailing Address	Mailing Address		T FREEZENI PER ERINI REGIE REDIP NOTAL DUBLI	A BIBL FLORI OF BUT I FOLL BEFO	ji ( <b>181 )38</b> 1
			EABASE CIRCLE RE FL 32586-7402			·	
					3. Date Incorporated or Qualified 02/02/1995	3a. Date of Last F 07/10/1996	leport
	lace of Business	2a. Mailing Address	ailing Address		4. FEI Number	<del>-</del>	pplied For
21 26 Sulte, Apt. #, etc.		26			59-3300106		ot Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee R	Additional equired
City & State		City & State	- m		6. Election Campaign Financing		May Be
Zip Country		710	7ip Country		Trust Fund Contribution		to Fees
24	25	29	30		8. This corporation has trability for intangible tax under s. 199.032, Florida Statutes   ✓ Yos   No		
9, Name and Address of Curre					10. Name and Address of New Registered Agent		
MOC	ORHEAD, STEPHEN R	_	81	Name			
	BAYOU BLVD. STE. 13		83	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
PEN	SAÇOLA FL 32503			directride	acos (1.0. cox rum)c. is not recopial		
			83	3			
			84	City		<b>85</b> Zip	Code
				1		PL	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change w pations of, Section 607.0505	as authorized t , Florida Statute	by the corpora es.	poration submits this statement for the p ation's board of directors. I hereby accep	of the appointment as	registered
12.	Signature, typed or printed name of registered agr OFFICERS AN	ID DIRECTORS	NOTE: Registered A:	jest signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELFTE	1,1 1111,6		ABSTRONO OTTAL	Change	Addition
NAME	STAPLETON, CHRIS J	<del></del>	1.2 NAME				
STREET ADDRESS	6905 SEABASE CIRCLE		1,3 \$1RE	1 ADDRESS			
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CiTY-	\$T-ZIP			
TITLE	DELETE		2 1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-\$T-ZIP			2 4 CITY	S1 - ZIP			
TITLE	☐ DELETE		31 TITLE			L.J Change	Addition
NAME			EMAN S E				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	P DELETE		3.4. CITY:	ST - ZIP		Change	Addition
TITLE		I'' DELETE	4.1 11TLE 4.2 NAM			спанде	LT VOOITION
STREET ADDRESS							
CITY-ST-ZIP	i		4.4 CITY-	T ADDRESS			
TITLE		DELETE	5.1 TITLE	21-01		Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE	DELETE		6.1 1/11 [			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CHY				
14. I do hereb	by certify that the information supplies in Indicated on this appulational or	ed with this filing does not grouplemental appear	ualify for the ex	emption state	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that	, the
l am an of appears ir	flicer or director of the corporation on Block 12 or Block 13 it changed, c	r the receiver or trustee emp or on an attachment with an	oowered to exe address.	Cuto this	at my signature shall have the same loga or as required by Chapter 607, Florida S	tatutes; and that my i	name