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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022707 (0)

TI 1/1"

CSM CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address 3157 LAKESTONE DR 3157 LAKESTONE DR TAMPA FL 33618 TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 26 58-2175441 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MENG. STEVEN H 3157 LAKESTONE DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 84 City 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** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE NAME MENG, STEVEN H 1.2 NAME \$157 LAKESTONE DR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **Tam**pa FL 33618 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MENG, CATHERINE H 2.2 NAME STREET ADDRESS 3157 LAKESTONE DR 2.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIF 2. 4 CITY - ST - 7(P DELETE Addition 3.1 TOLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3 4. CITY - ST - 7IP DELETE \_\_ Addition TITLE 4 1 1IJLF .... Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.