SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000026919 (7)

1. Corporation Name

C&S P B, INC.

Principal Place of Business	Mailing Address
5297 EAGLE LAKE DRIVE PALM BEACH GARDENS FL 33418	5297 EAGLE LAKE DRIVE PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0619775 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 Daisy Av.	26 Same
Suite, Apt #, etc. 22 9969	Suite, Apt #, etc. 27
City & State 23 Palm Bch Gr. FL.	City & State 28
Zip 24 33410 — Country 25 USA	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

PIETROSKI, CASIMIR J
5297 EAGLE LAKE DRIVE
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Casimir J Pietroski
82 Street Address (P.O. Box Number is Not Acceptable): 9969 Daisy Ave
83 Palm Bch Graadens
84 City: FL 85 Zip Code: 33410

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: Casimir J Pietroski — Date: 6-11-96

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Casimir J. Pietroski
STREET ADDRESS	9969 Daisy Ave
CITY-ST-ZIP	P. Bch. Gr. FL 33410
TITLE	Vice President
NAME	Suel Pietroski
STREET ADDRESS	9969 Daisy Ave
CITY-ST-ZIP	P. Bch. Gr FL 33410
TITLE	Tresure
NAME	Casimir J. Pietroski
STREET ADDRESS	9969 Daisy Ave
CITY-ST-ZIP	P.Bch. Gr. FL. 33410
TITLE	Secretary
NAME	Suel Pietroski
STREET ADDRESS	9969 Daisy Ave
CITY-ST-ZIP	P. Bch. Gr. FL. 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition; entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank)

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***225.00

7-8-96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Casimir J Pietroski — Casimir J. Pietroski — 6-11-96 — 407-622-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)