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

DOCUMENT # P95000026919 (7) C&S P B, INC.					
•					
Principal Place	e of Business	Mailing Address		**************************************	OLO DANG IDIDI MBUT IDA POTI
17070 TRAVERSE CIRCLE 17070 TRAVERSE CIRCLE			Æ		
JUPITER FL 33477 JUPITER FL		JUPITER FL 33477	••	DO NOT WRITE IN THIS	COACE
US		US		3. Date Incorporated or Qualified	JOFACE
				03/31/1995	
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-06 19775	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22 27				g. Solumente di States Source	Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year intangible ☐ Yes ☐ No
	9, Name and Address of Curren		1991	10. Name and Address of New Registered	
PIF	TROSKI, CASIMIR J		81 Name		
17070 TRAVERSE CIRCLE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
JUPITER FL 33477				(
			63		
			84 City		85 Zip Code
				F.	
 Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 				orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	nt and file if applicable (NO	TE Registered Agent signature re	guired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		Change Addition
NAME	PIETROSKI, CASIMIR		1.2 NAME		<u> </u>
STREET ADDRESS	17070 TRAVERSE CIRCLE		1.3 STREET ADDRESS		ji
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PIETROSKI, SUELI		2.2 NAME		
STREET ADDRESS	17070 TRAVERSE CIRCLE		2.3 STREET ADDRESS		-
CITY-ST-ZIP TITLE	JUPITER FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	PIETROSKI, CASIMIR J		3.2 NAME		
STREET ADDRESS	17070 TRAVERSE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER F:		3.4. CITY-ST-ZIP		•
TITLE	S	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Pietroski, sueli		4. 2 NAME		
STREET ADDRESS	17070 TRAVERSE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		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		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ vcreit	61 TITLE		LT Cuange LT Audition
NAME STREET ADDRESS			6.2 NAME		
CATY+ST-70P			6.3 STREET ADORESS		

14. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trustee employbred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an addition.

SIGNATURE Casimi

412819

VEFZ-444-5774

FILED

May 13 1998 8:00am

Secretary of State