

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028235 (6)

1. Corporation Name
C.F.B. INVESTMENTS, INC.



Principal Place of Business

3706 N OCEAN BLVD
SUITE 480
FT LAUDERDALE FL 33308

Mailing Address

3706 N OCEAN BLVD
SUITE 480
FT LAUDERDALE FL 33308-6451

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3706 N OCEAN BLVD

2a. Mailing Address

26 3706 N OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 125

27 SUITE 125

City & State

City & State

23 FT. LAUDERDALE FL

28 FT LAUDERDALE FL

Zip

Country

Zip

Country

24 33308

25 USA

29 33308

30 USA

4. FEI Number

APPLIED FOR 65-066-4977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURNAM, CURTIS FIELD
4900 N OCEAN BLVD
APT. #1705
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name BURNAM, CURTIS FIELD
82 Street Address (P.O. Box Number is Not Acceptable)
23012 VIA STEL
83
84 City BOCA RATON FL 85 Zip Code 33433

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 *Curtis Field Burnam* DATE *4/17/97*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | BERNAM, CURTIS FIELD | |
| STREET ADDRESS | 3706 N OCEAN BLVD., SUITE 480 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | DURHAM, BILLIE | |
| STREET ADDRESS | 1402 PARK BOUNDARY RD. | |
| CITY-ST-ZIP | LOUISVILLE KY 40205 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BURNAM, CURTIS FIELD | |
| 1.3 STREET ADDRESS | 3706 N OCEAN BLVD SUITE 125 | |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | |
| 2.1 TITLE | S | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ERTL, PETRA | |
| 2.3 STREET ADDRESS | 23012 VIA STEL | |
| 2.4 CITY-ST-ZIP | BOCA RATON FL 33433 | |
| 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 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 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 as an attachment with an address.

SIGNATURE: *Curtis Field Burnam* CURTIS FIELD BURNAM 4/17/97 561-416-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)