

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 # **P95000030611 (4)**

1. Corporation Name

C C & W CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

303-A SOMBRERO BEACH RD
MARATHON FL 33050

303-A SOMBRERO BEACH RD
MARATHON FL 33050



2. Principal Place of Business

2a. Mailing Address

21 26 *P. O. Box 500728*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27

City & State

City & State

23 28 *Marathon FL.*

Zip

Zip

24 25

Country

29 30 *33050 Monroe*

9. Name and Address of Current Registered Agent

**CURTIS, MILTON
303-A SOMBRERO BEACH RD
MARATHON FL 33050**

3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report NA
4. FE1 Number 65-0570809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name Milton D. Curtis, President	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	85 Zip Code 6/10/96

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 *Milton D. Curtis, President*

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

(NOTE: Registered agent cannot be same as registered office)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME CURTIS, MILTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
STREET ADDRESS 303-A SOMBRERO BEACH RD		
CITY-ST-ZIP MARATHON FL 33050		
TITLE	DELETE <input type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
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CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME		
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CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Milton D. Curtis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton D. Curtis 6/10/96 3057435018

Date

Daytime Phone #

CR2E034 (3/96)