

FILE NOW: FILING FEE AF 7 MAY 1 IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 / 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000050262 (1)

1. Corporation Name
CBA ENTERPRISES, INC.

Principal Place of Business

2148 N.E. 27TH DRIVE
WILTON MANORS FL 33305

Mailing Address

2148 N.E. 27TH DRIVE
WILTON MANORS FL 33306-1328

3. Date Incorporated or Qualified 08/23/1995
3a. Date of Last Report 05/01/1998

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 65-0589466
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

9. Name and Address of Current Registered Agent
ARNOLD, CLARENCE B JR.
2148 N.E. 27TH DRIVE
WILTON MANORS FL 33305
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	
NAME	ARNOLD, CLARENCE B JR.	1.2 NAME	
STREET ADDRESS	2148 N.E. 27TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	ARNOLD, BARBARA L	2.2 NAME	
STREET ADDRESS	2148 N.E. 27TH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: CLARENCE B. ARNOLD JR. (954) 563-5072