FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1	990	
DOCUM	ENT#	

P95000058276 (3)

r, corporation	ivacile	` '	•		
CS & J	S, INC.			T INCHIBATI SIN INCHI NICHI NACIO	BELLI BELLI PEJE: ELIBI IBLIE IJĀJA PĀRIB BIJA IRBA
Principal Place o	of Rusinose	BATTLE Add			
·		Mailing Address			
3003 YAMATO BOCA RATON		3003 YAMATO ROAD C BOCA RATON FL 33496			
• 0::-10:				3. Date Incorporated or Qualifie 07/26/1995	od 3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #.	otc	26			Not Applicable
22	etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability	
24	25	29	30	Florida Statutes 🔲 🗅	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	w Registered Agent
OULEDTA	ND 10101		81 Name		
	ND, JOHN		82 Street Ad	ddress (P.O. Box Number is Not Accep	table)
	IATO ROAD C1 TON FL 33496		83		
BUUA NA	10N FL 33490		03		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607 1508. Floods Statutos	the above reward one	certain a half the	purpose of changing its registered office
or registered	agent, or both, in the State of FI	rida. Such change was authorized	by the corporation's b	ionation submits this statement for the part of directors. Thereby accept the a	purpose of changing its registered office ppointment as registered agent. Lam
	tine accept the obligations of, St	Giori dor Joseph, Florida Statutes.			-
SIGNATURE SE)r aftire i typeri or printed name of regions it ag	ortanitty ilagio ace (NOTE	Fe gesterori Agent segnature exp	rear where report the of	DATE
12.	OF FICE HS A	ND DIRECTORS	13.		OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1 1 TITLE	PRESIDENT	Change Addition
NAME			1.2 NAME	JOHN M SILVERT	AND
STREET ADDRESS			13 Street Address	3936 AIW 52 5= 0	- 1 6
CITY-ST-ZIP			1.4 CITY - ST - ZIP	3 2 3 3	OCA KATON FL33496
TIFLE		☐ DELETE	2 1 TITLE	VICE PRESIDENT	Change 🕡 Addition
NAME STREET ADDRESS			2.2 NAME	CAROLYN A SILV	ERTAND
STREET ADDRESS			23 STREET ADDRESS -	3936 NW 52 ST	BOCA LATON FE33496
CITY-ST-ZIP TITLE		- DELETE			
NAME			3 1 717(8		☐ Change ☐ Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIF			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE	······································	DELETE	4 1 TITLE		Change Addition
NAME		-	4.2 NAME		☐ Grange ☐ Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 Crl Y - ST ZIP		
TITLE		DEFEIF	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City - St - ZiP			5.4 CITY - ST - ZIP		
TITL€		DELFIE	6 1 TIT; F		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		į
CITY-ST-Z:P			6.4.0(I.YST-ZIP		
14. I do hereby o	ertify that the information supplied e information indicated on this an	i with this filing is voluntarily furnish	red and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes I furth

oath; that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 Daylina Proper