

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000065040 (4)**

1. Corporation Name

COMPLETE BUSINESS & MARKETING PLANS, INC.



Principal Place of Business

Mailing Address

**5149 ALTON ROAD
MIAMI BEACH FL 33140**

**5149 ALTON ROAD
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUTT, JEFF
5149 ALTON ROAD
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

N/A

4. FEI Number

650602049

Applied For Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

N/A

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/>	DELETE
NAME	CUTT, JEFF		
STREET ADDRESS	5149 ALTON ROAD		
CITY - ST - ZIP	MIAMI BEACH FL 33140		
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			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY - ST - ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY - ST - ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY - ST - ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY - ST - ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY - ST - ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Cutt* **JEFF CUTT PRESIDENT**

4/30/96 (305) 868-8754

CR2E034 (12/95)