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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000065040 (4)

1. Corporation Name

COMPLETE BUSINESS & MARKETING PLANS, INC.



Principal Place of Business

5149 ALTON ROAD
MIAMI BEACH FL 33140

Mailing Address

5149 ALTON ROAD
MIAMI BEACH FL 33140-2002

3. Date Incorporated or Qualified
08/22/1995

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

2. Principal Place of Business

21 9541 E. BAY HARBOR DR.

2a. Mailing Address

26 9541 E. BAY HARBOR DR.

Suite, Apt. #, etc.

22 #3

Suite, Apt. #, etc.

27 #3

City & State

23 BAY HARBOR ISL FL

City & State

28 BAY HARBOR ISL FL

Zip

24 33154

Country

25 USA

Zip

29 33154

Country

30 USA

4. FEI Number

65-0602049

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

9. Name and Address of Current Registered Agent

CUTT, JEFF
5149 ALTON ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

JEFF CUTT

82 Street Address (P.O. Box Number is Not Acceptable)

9541 E BAY HARBOR DR. #3

83

84 City

BAY HARBOR ISLANDS FL

85 Zip Code

33154

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

TITLE ☐ DELETE

D
CUTT, JEFF
5149 ALTON ROAD
MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P
CUTT, JEFF
9541 E BAY HARBOR DR. #3
BAY HARBOR ISLANDS, FL 33154

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address

SIGNATURE

[Signature]

4/26/97 (305) 868-8754

CR2E034 (9/96)