PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 03 1997 8:00am Secretary of State

1997  DOCUMENT # P95000094933 (5)  C & S INVESTMENT CORP.						
rmoipal Place of Business 301 SANDERS ST. IOLLYWOOD FL		Mailing Address 4301 SANDERS ST. HOLLYWOOD FL 33021-2941		s (deuide) tie iliter kinn kalli deili abili kallı albut iliti ottic ilite ilite iliti ilet		
				3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last F 09/20/1996	Report
Principal Pla	lace of Business	2a. Mailing Address		4. FEI Number		pplied For
L		26 Suite, Apt. #, etc.	······································	65-0634550		ot Applicable
_ Suite, Apt ≢ ]	#. ERG.	27]	÷	5. Certificate of Status Desired		Additional equired
City & State	)	Crty & State		6. Election Campaign Financing		May Be
7	Postania	28	Colmics	Trust Fund Contribution		to Fees
Zip }	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s	s. 199.032,
J	9. Name and Address of Cu		1301	10. Name and Address of New Re		
СОН	IEN, STANLEY	الهور <del>ية ال</del> وسية الارسيد الدوسية با <sub>ل</sub> ا المستخوص على واستثنان و بالتاريخ و المستخور و المستخور و المستخور و المستخور	81 Name			
	I SANDERS ST LYWOOD FL 33021		82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
			84 City		<b>85</b> Zip	Code
			1 1 1	rporation submits this statement for the ation's board of directors. I hereby acce	FL (°°)	
ignature _	The second secon	AND DIRECTORS	1£ Registered Agant signature requ		DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE .  2.  IILE	OFFICERS		TE: Registered Agant signature requirements 113.	uired whan reinstating)	DATE	
IGNATURE _ 2. ILE	OFFICERS D COHEN, STANLEY	AND DIRECTORS	TE: Ringistered Agant signature requ 13. 1.1 TITLE 1.2 NAME	uired whan reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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IGNATURE  2.  THE  AME  TREE ALERESS  (TY-S), 709	D COHEN, STANLEY 4301 SANDERS ST.	AND DIRECTORS	TE: Ringistered Agant signature requ 13. 1.1 TITLE 1.2 NAME	uired whan reinstating)	DATE CERS AND DIRECTOR	RS IN 12
CONATURE  2.  LLE  LLE  LLE  LLE  LLE  LLE  LLE	D COHEN, STANLEY 4301 SANDERS ST.	AND DIRECTORS  DELETE	12. Progistered Agent signature required.  13. 1.1 Title 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME	uired whan reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
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JONATURE  2.  JUE  AME  JOSE LAPARESS  JOSE LAPARESS  JUE  AME  JUE  JUE  JUE  JUE  JUE  JUE  JUE  J	D COHEN, STANLEY 4301 SANDERS ST.	AND DIRECTORS  DELETE  DELETE	12. Progistered Agent signature required.  13. 1.1 Title 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CHY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	uired whan reinstating)	DATE  CERS AND DIRECTO  Change	RS IN 12 Addition Addition
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SIGNATURE  2.  THE  MAME  SIRGET ADDRESS  STY, ST, 769  THE  TREET ADDRESS  TITY, ST, 719  THE  STAME  THE T ADDRESS	D COHEN, STANLEY 4301 SANDERS ST.	AND DIRECTORS  DELETE  DELETE  DELETE	12. Propistored Agent signature required in the second signature required sig	uired whan reinstating)	DATE  CERS AND DIRECTO  Change  Change	RS IN 12 Addition Addition Addition
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