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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000095002 (8)

1. Corporation Name  
C.S.P. ENTERPRISES OF S.W. FLORIDA, INC.



Principal Place of Business: 2125 LOCHMOOR CIRCLE NO. FORT MYERS FL 33903  
Mailing Address: 2125 LOCHMOOR CIRCLE NO. FORT MYERS FL 33903-4926

3. Date Incorporated or Qualified: 01/02/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0627133  
Applied For: [Not Applicable]  
6. 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: [X] Yes [ ] No

2. Principal Place of Business: 21 Suite, Apt. #, etc. [Blank] 22 City & State [Blank] 23 Zip [Blank] Country [Blank]  
2a. Mailing Address: 26 Suite, Apt. #, etc. [Blank] 27 City & State [Blank] 28 Zip [Blank] Country [Blank]

9. Name and Address of Current Registered Agent

PRATER, CHRISTOPHER S  
2125 LOCHMOOR CIRCLE  
NO. FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable) [Blank]  
83 [Blank]  
84 City [Blank] FL 85 Zip Code [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1106, 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: *Christopher S. Prater* DATE: 3/22/97

12. OFFICERS AND DIRECTORS  
1. TITLE: D [ ] DELETE  
2. NAME: PRATER, CHRISTOPHER S  
3. STREET ADDRESS: 2125 LOCHMOOR CIRCLE  
4. CITY-ST-ZIP: NO. FORT MYERS FL 33903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME [Blank]  
1.3 STREET ADDRESS [Blank]  
1.4 CITY-ST-ZIP [Blank]  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME [Blank]  
2.3 STREET ADDRESS [Blank]  
2.4 CITY-ST-ZIP [Blank]  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME [Blank]  
3.3 STREET ADDRESS [Blank]  
3.4 CITY-ST-ZIP [Blank]  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME [Blank]  
4.3 STREET ADDRESS [Blank]  
4.4 CITY-ST-ZIP [Blank]  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME [Blank]  
5.3 STREET ADDRESS [Blank]  
5.4 CITY-ST-ZIP [Blank]  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME [Blank]  
6.3 STREET ADDRESS [Blank]  
6.4 CITY-ST-ZIP [Blank]

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 unchanged, or on an attachment with an address.

SIGNATURE: *Christopher S. Prater* DATE: 3/22/97 DAYTIME PHONE: 656-6741

CR2E034 (9/96)