## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000095002 (8)

**FILED** Apr 16 1998 8:00am Secretary of State

TITLE DEVIATION OF CRISE  NO. FORT MYERS FL 3000  22. Principal Place of Business 24. Melting Address 25. Melting Address 26. Solie, Aprt. 4, etc. 27. Solie, Aprt. 4, etc. 28. Solie, Aprt. 4, etc. 29. Solie, Aprt. 4, etc. 29. Country 20. Country 21. This copposation owes or has paid the current year thoughton of Section 607 (5005, Prioride Statutes, the above-named corporation submits this statement for the purpose of charping his registered Agent.  11. Pursuant to the provisions of Sections 607 (5005 and 607 1506, Floride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent agent agent agent agent agent agent agent agent. Lam familiar with, and accept the obligations of Section 607 (5005, Prioride Statutes agent agent agent agent agent. Lam fam	C.S.P.	ENTERPHISES OF S.W. FLO	ORIDA, INC.			
DO NOT WHITE IN THIS SPACE  2. Puriorpal Place of Business 2. Missing Address 3. Date Incorporated or Qualified O1/02/1986 4. FEI Number 1. Suile, Apt #, etc. 2. City & State 3. Country 3. Suile, Apt #, etc. 3. Country 4. Suile, Apt #, etc. 3. Country 5. Soule Apt #, etc. 3. Country 6. Election Campeler Financing 5.00 May 96 Trust Fund Contribution 7. Add to Fee Required 7. Suile, Apt #, etc. 3. Country 7. Suile, Apt #, etc. 3. Country 8. This corporation was on the purior was defined by 98. This corporation was on the purior was only self-industry 8. This corporation was on the purior was only self-industry 8. This corporation was on the purior was only self-industry 8. This corporation was on the purior was only self-industry 8. This corporation was on the purior was only self-industry 9. Name and Address of Current Registered Agent 9. Name and Address of Rew Registered Agent 9. Name and Address of Rew Registered Agent 9. No. FORT MYERS FL 33903 9. Name and Address of Rew Registered Agent 9. No. FORT MYERS FL 33903 9. Street Address (P.O. Box Number is Not Acceptable) 9. Name and Address of Rew Registered Agent 9. No. FORT MYERS FL 33903 9. Country 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9	Principal Plac	ce of Business	Mailing Address		- I TERRIBON NE TERRE SAND DONS SELLE BONN DONS	1910  BI(11 994H BBI(B )(B) 1891
2. Principal Place of Business 2. Making Address 2. Making Address 3. Date Incorporated of Qualified 91/02/1996 Suite, Aptl #, etc. 2. Suite, Aptl #, etc. 3. Suite, Aptl #, etc. 3. Suite, Aptl #, etc. 4. Etc. Number is Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 5. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of September 1. Suite, Aptl #, etc. 6. Corridonate of Sept	2125 LOCHM	IOOR CIRCLE	2125 LOCHMOOR CIRCLE			
2. Principal Place of Business   2a. Mailing Address   4. FET Number   Applied For   Suite, Apt #. etc.   2a. Suite, Apt #. etc.   2b. Suite, Apt	NO. FORT MYERS FL 33903 NO. FORT MYERS FL 33			03	DO NOT WRITE IN THIS SPACE	
22. Maling Address   23. Maling Address   24. FEI Number   Applied Dr.   25. Store   25. S					3. Date Incorporated or Qualified	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   City & State					01/02/1996	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   27	2. Principal f	Place of Business	2a. Mailing Address		<b>1</b> ***	<del></del>
City & State    City & State   City & Country   St. Name and Address of Current Registered Agent   St. Name and Address of Current Registered Agent   St. Name and Address of New Registered Agent   No. FORT MYERS Ft. 33903   St. Name and Address of New Registered Agent   St. Name   St. Name and Address of New Registered Agent   St. Name   St. Name and Address of New Registered Agent   St. Name   St. Na	21				65-0627133	<del></del>
City & State    City & State		. #, etc.	<b>⊢</b>		5. Certificate of Status Desired	
Trust Fund Contribution   Added to Fees	City & Sta	le .			• Etaction Compaign Financing	
Zop   Zop   Zop   Zop   Zop   Zop   Sop   Zop	23		<del></del>			
Personal Property Tax due June 30   No   No   No   No   No   No   No   N		Country		Country	<del></del>	
PRATER, CHRISTOPHER S 2125 LOCHMOOR CIRCLE NO. FORT MYERS FL 33903  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  90 City Sip Code  90 City	24	25	29	30		
PRATER, CHRISTOPHER S 2125 LOCHMOOR CIRCLE NO. FORT MYERS FL 33903  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 attatement for the purpose of changing like registered agent. I am familiar with, and except the obligations of, Sections 607,0502 and 607 1508, Florida Statutes, the above-named corporation submits this attatement for the purpose of changing like registered agent. Lam familiar with, and except the obligations of, Section 607,0505, Florida Statutes  11. Pursuant to the provisions of Sections 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent to both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and except the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligation of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered appointment as registered agent to the corporation's board of directors. I hereby accept the appointment as registered agent to the corporation's board of directors. I hereby accept the appointment agent and the regi		g. Name and Address of Curren	l Registered Agent		10. Name and Address of New Register	red Agent
2 125 LOCHMOOR CIRCLE NO. FORT MYERS FL 33903  82   Street Address (P.O. Box Number is Not Acceptable)  83   24   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or breaking with, and except the obligations of Section 607.0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent. Let member of implement agent agen	PR	LATER, CHRISTOPHER S		81 Name		
NO. FORT MYERS FL 33903    B4				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
TIT. 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 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 are minital with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature type of protein familial with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature type of protein familial with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature type of protein familial with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature type of protein familial with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature type of protein familial with, and accept the obligations of, Section 607 0505, Florida Statutes.  In the signature type of the obligations of, Section 607 0505, Florida Statutes, the above registered agent, or both in the statement for the purpose of charging its registered agent.  In the signature type of complete the obligations of, Section 607 0505, Florida Statutes, the above registered agent of directors. I hereby accept the appointment as registered agent.  In the signature type of charging its registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent.  In the signature type of charging its registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent.  In the signature type of charging its registered agent and the registered agent and the corporation's accept the objections. In the corporation's accept the oppointment as registered agent.  In the signature type of charging its addition and the registered agent and the registered agent and the registered agent and the corporation's accept the cor	NO	). FORT MYERS FL 33903	•			
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 agent. I am familiar with, and secept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and secept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature   Immediate   Immediate				[63]		
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 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, or maintainliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or protect agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the florida. Such change is registered by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the floridation of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation agent all purposes.  Interest Administration and the purpose and the representation and the purpose and the representation's accept the appointment				84 City		85 Zip Code
SIGNATURE  Signaline: typed or printer ineme of registered agent and file if appricable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRATER, CHRISTOPHER S 2125 LOCHMOOR CIRCLE  CITY-S1-2P  NO. FORT MYERS FL 33903  DELETE  2 1 TITLE  1 Addition  DELETE  2 1 TITLE  1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  A				1 1		₹L∣∣′
PRATER, CHRISTOPHER S   12 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	SIGNATURE			<del></del>	<del></del>	<del></del>
2125 LOCHMOOR CIRCLE	TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
Addition	NAME			1.2 NAME		
DELETE   DELETE   2.1 TITLE	STREET ADORESS	1		1.3 STREET ADDRESS		
AMME	CITY-ST-ZIP	NO. FORT MYERS FL 33903	D prietr			——————————————————————————————————————
2.3 STREET ADDRESS   2.4 C/TY-ST-ZIP			☐ DETEIF	<b>1</b>		L Charige L Addition
2.4 CITY-ST-ZIP						
DELETE		(				
	TITLE	<del>                                     </del>	DELETE			Change Addition
33 STREET ADDRESS   34. CITY-ST-ZIP	NAME					
3.4 CITY-ST-ZIP	STREET ADORESS	1		1		
DELETE	CITY-ST-ZIP					
A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   ADDRESS   A4 CITY-ST-ZIP   ADDRESS   A4 CITY-ST-ZIP   ADDRESS	TITLE		☐ DELETE	<del></del>		Change Addition
A.A. CITY - ST - ZIP	NAME			4. 2 NAME		
DELETÉ	STREET ADDRESS	1		4.3 STREET ADDRESS		
SAME	CITY-ST-ZIP					····
5.3 STREET ADDRESS	TITLE		☐ DELETE	1		☐ Change ☐ Addition
	NAME					
TITLE DELETE 6.1 TITLE Change Addition  VAME 62 NAME	STREET ADDRESS	(				
NAME 62 NAME	CITY-ST-ZIP		T neiere			Change Addition
		(	[] DELETE			Cuange CI Audition
	namt	1			•	

14. I 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 supplier ental 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 of the relevier 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 ental achieves.

6.4 CITY-ST-ZIP

SIGNATURE: