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

PROFIT
COMPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra បិ. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 02 1998 8:00am Secretary of State

DOCUMENT # P966600 6431

, <u> </u>	NB ENTERPA	RISES OF	501	UTH	FL.	Avc.		
Principal Place	ce of Business/ 5 WOOD/NG-HA	Mailing Addre	oss <u>/</u>	•				
CNB ENTERPRISES OF SOUTH FL., Principal Place of Business! 245 WOODING HAM TRAIL VENICE, FL 34292					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
						1-22-96		
2. Principal Place of Business 2a. Mailing Address			dress			4. FEI Number Applied For		plied For
21		26	26			65-0634474	- No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				C. Continuate of citation becomes	Fee Re	<u> </u>
City & Sta	dø.	City & State				6. Election Campaign Financing	\$5.00	• ,
Zip Country		Zip Country				Trust Fund Contribution		
24 25 25		<u> </u>	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
[24]	9. Name and Address of Curre			, v		10. Name and Address of New Registere	<u></u>	1.10
1200		unute orași ri <u>ele</u> .		81	Name			
	ERILAWYER							
343 ALMERIA AVE				62	Street Add	ress (P.O. Box Number is Not Acceptable)		
1				83				
CO.	RAL GABLES, 1	FL 33/34	/ _					
	,	·		84	City	F	85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flo	orida Statutes	s, the above	e-named cor	poration submits this statement for the purpose	of changing it	s registered
	regi ste red agent, or both, in the Stat am fam iliar with, and accept the obli					tion's board of directors. I hereby accept the a	ippointment as	registered
SIGNATURE								
GIGITATIONE	Signature, typical or printed namic of registered as		(NOTE: I	Registered Age	ni signisture requi	red when reinstating) DATE		
12.		VID DIRECTORS	Dr. Fre	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PRESIDENT	_	DELFTE	1.1 TITLE			LJ Change	Addition
NAME	C NOGL BISHOP							
STREET ADDRESS				1.2 NAME				
	243 WOODINGTT	AN TRAIL		1.3 STREET				
CITY-ST-ZIP	245 WOODINGH	3429Z	DELETE	1.3 STREET 1.4 City - St			Channe	L Addition
TITLE	VENICE, FL	3429Z	DELETE	1.3 STREET 1.4 CITY- ST 2.1 TITLE			☐ Change	Addition
TITLE NAME	YENICE, FL	3429Z	DELETE	1.3 STREET 1.4 CITY- ST 2.1 TITLE 2.2 NAME	T-7iP		☐ Change	Addition
TITLE NAME STREET ADDRESS	YENICE, FL	3429Z	DELETE	1.3 STREET 1.4 CITY- ST 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS		Change	Addition
TITLE NAME	VENICE, FL	9N TRAIL 3+29L	DELETE	1.3 STREET 1.4 CITY- ST 2.1 TITLE 2.2 NAME	T-ZIP ADDRESS		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	YENICE, FL	9N TRAIL 3+29L	DELETE	1.3 STREET 1.4 CHY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 TITLE	T-7IP ADDRESS IT-7IP			
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14. Thereby 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 trusted 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 attaching the with an address.

it with an address

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