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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006431

1. Corporation Name

CNB ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place	of Business	Mailing Address						
45 WOODINGH	IAM TRAIL	245 WOODINGHAM TRAIL						
VENICE FL 34292		VENICE FL 34292			. 31			
					DO NOT WRITE I	N THIS SE	PACE	
					3. Date Incorporated or Qualifed			
		•			01/22/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Appli		pplied For	
ה י		26			65-0634474		N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
_		27			5. Certifcate of Status Desired	J	Fee R	equired
2 City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution	1		to Fees
	Country	Zip	Countr	~		upor Inton		.01000
Zip		├ , '	— , '	,	8. This corporation owes the current		yıbie]Yes	I No
<u>s]</u> _	25		30		Personal Property Tax.			<u></u>
	9. Name and Address of Curren	t Registered Agent		41 Marris	10. Name and Address of New Regi	ereied W	ent	
71 1-	LAW FIDM OF LAWDENCE LOS	DICCEL CUDTO	8	1 Name				
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE				Street Address (F.O. Box Natified to Not Acceptable)				
CORAL GABLES FL 33134			8	3				
			L					
				4 City			85 Zip	Code
			•	4 City		FI	_,p	4000
office or r	egistered agent or both in the State.	of Florida, Such change was au	s, the abo	ve-named cor	poration submits this statement for the pur ion's board of directors. I hereby accept the	PL	anning its	s registered
office or re agent, I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	s, the abo thorized b da Statute	ve-named corporates.	non's board of directors. I nereby accept the	PL	anning its	s registered
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CITY-ST-ZIP 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 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, with all other like empowered.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.2 NAME - -

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90065 035 ***150.00

Change

Change

Addition

Addition