## 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 # P96000024349 (8)

## **FILED** Jan 27 1998 8:00am Secretary of State

CBC N	MANAGEMENT CORPORATIO	ON .						
Principal Piac	ce of Business	Mailing Address			<u> </u>		(B() #1 <b>104</b> (())	01010 1011 1001
312 SW 2ND ST 312 SW 2ND ST OKEECHOBEE FL 34974 OKEECHOBEE FL 34974						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified 03/19/1996		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	<u></u>			65-0647566	<del></del> +	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
22		27				5. Continuate of Otatus Desired	Fee	Required
City & Star	le	City & State				6. Election Campaign Financing	•	May Be
Zip	Country	Zip	Cou	ntry		Trust Fund Contribution		d to Fees
24	25	29	30	поу		<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	vurrent year Yes	Intangible   
	9. Name and Address of Curren		100			10. Name and Address of New Registere		
CL	OSE, CHRIS			B1	Name			
312 SW 2ND ST				82	Street Addi	ress (P.O. Box Number is Not Acceptable)	···	
OKEECHOBEE FL 34974				~	Oli Col Fiddi	ress (1.0. dox Natibol is Not Acceptable)		
			[	83				
				84	City		<b>85</b> Zi	p Code
					-	F		. [
11. Pursuant office or i	to the provisions of Sections 607,0502 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the ab outhorized	ove d by	named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing	its registered
agent. I a	m familiar with, and accept the obliga	itions of Section 607.0505, Flo	rida Stati	utes.	(no corporat	non's board of directors. Thereby accept the ay	эропилона	as registered
SIGNATURE								
12.	Signature, typod or printed name of registered agor OFFICERS AND		: Registered	i Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDEOT	200 (1) 40
TITLE	D	☐ DELETE 11		TLE.	··	ADDITIONS/CHANGES TO OFFICERS AF	Change	
NAME	<b>B</b> LAIR, TERRY D			1.2 NAME				
STREET ADDRESS	19 E BAY DR	· · -			ADDRESS			15
CITY-ST-ZIP	OKEECHOBEE FL 33472	33472		TY-ST				
TITLE	D	DELETE 2.13					☐ Change	e 🔲 Addition
NAME	CLOSE, CHRIS							
STREET ADDRESS			2.3 \$T	2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY - ST - ZIP			· • · • · • · • · • · • · • · • · • · •	
TITLE	₹	OLOGE THOMAS		Œ			Change	e
NAME	ANG MAN ODD OT		3.2 NA					]
STREET ADDRESS	OKEECHOBEE FL 34974	ECCHOREE EL 24074			DDRESS			
CITY-ST-ZIP	ONECOTIONE TO OTOTA	3.4. 0		TY-ST	- ZIP		Change	Addition
TITLE NAME		☐ DELETE	4.1 T/T 4. 2 N/A				☐ Change	e 📙 Addition
STREET ADDRESS					DDRESS			
CITY-ST-ZIP								
TITLE		☐ DELE <b>TE</b>	4.4 CITY - S 5.1 TITLE		211	24.00	Change	e Addition
NAME			5.2 NAME					
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition
NAME			6.2 NAI	ME	f			
STREET ADDRESS			6.3 STF	REET A	DDRES\$			
CITY-ST-ZIP			6.4 CIT					
14. Thereby o	certify that the information supplied wit	h this filing does not qualify fo	r the exe	motic	on stated in	Section 119 07(3)(i) Florida Statutes I further of	ertify that th	ne information

indicated on this annual report or supplemental annual report is frue 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, if on a static ment with an address.