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 # P96000028949 (1)

CUSTOM BUSINESS SERVICES GROUP, INC.

Principal Place of Business	Mailing Address			
18875 SP 95TH AVE	18875 SI 95TH AVE			
MIAMI FL 33157	MIAMI FL 33157			
2. Principal Place of Business	2a. Mailing Address			

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18875 SE 95TH AVE 18875 SE 95TH AVE				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33157 MIAMI FL 33157						
					3. Date Incorporated or Qualified 04/02/1996	
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number	Applied For
21		26			65-0655298	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Cerinicate of Status Desired	Fee Required
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
— Zip	Country	Zip	Coun	ry	8. This corporation owes or has paid the	
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
411	9. Name and Address of Cur	Tent Hegistered Agent		1 Name	10. Name and Address of New Registers	d Agent
	IERILAWYER CHARTERED		"	Name		
343 ALMERIA AVENUE			6	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
CO	PRAL GABLES FL 33134			3		
				3		
			8	4 City	-	85 Zip Code
44 Duramont	to the provisions of Castiana CO7.	2502 and 607 4500 Flacid	- Ctat day the abo		F	
Office of re	egistered agent, or both, in the St m familiar with, and accept the et	ate of Horida. Such charic	ie was authorized.	by the coroora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE						
****	Signature typed or printed name of registered		(NO1E: Registered A	gent signature requi		
TITLE	DPT OFFICERS.	AND DIRECTORS DEL	13.		ADDITIONS/CHANGES TO OFFICERS A	
NAME	CLARK, WILLIAM S					☐ Change ☐ Addition
STREET ADDRESS	18875 SE 95TH AVE		1.2 NAM			
CITY-ST-ZIP	MIAMI FL 33157			ET ADDRESS		
TITLE	DVS	☐ DFL	ETE 2.1 TITLE			Change Addition
NAME	CLARK, SHIRLEY A		2.2 NAM		ta di	C Cushide C vontrion
STREET ADDRESS	18875 SE 95TH AVE			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY	i		
TITLE		DEL				Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. City			
TITLE		□ DEL				Change Addition
NAME :			4. 2 NAV			
STREET ADDRESS				F1 ADDRESS		
CITY-ST-ZIP			4.4 CITY	l l	÷	
TITLE		DEL				Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
_CITY-ST-ZIP			5.4 CITY	- 1		ļ
TITLE		☐ DFL				Change Addition
NAME			62 NAMI			
STREET ADDRESS				et address		
CITY-ST-ZIP			6.4 CITY			

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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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.