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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000093931 (9)

C & B SERVICES, INC.

FILED Feb 17 1997 8:00am Secretary of State



3701 NASSAU STREET TAMPA FL 33807		3701 NASSAU STREET TAMPA FL 33607-4926						
			<u>.</u>		3. Date Incorporated or Qualified Sa. Date of Last Report 11/12/1996			eport
2. Principal Place of Business		2a. Mailing Address	Address		4. FEI Number 34073	10		oplied For
Suite, Apt.	# etc	<b>26</b>	<del></del>	<del></del>	3737013			ot Applicable Additional
2	", 0.0	27			5. Certificate of Status Desired			equired
City & State		City & State	- 4		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	25 29 9. Name and Address of Current Registered Agent			Country  8. This corporation has liability for intangible tax under s Florida Statutes  Yes No		. 199.032,		
		urrent Registered Agent	/ 81	Name	10. Name and Address of New Re	gistered A	gent	<del></del>
WOODWARD, CARL D 3701 NASSAU STREET				Name				
	IPA FL 33607		82		dress (P.O. Box Number is Not Acceptab	ole)		
			84			FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Stat	utes, the abov	re-named co	proporation submits this statement for the proporation has defined as a laboration of the proporation in the proporation is a personal proporation of the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation in the proporation is a personal proporation in the proporation is a personal proporation in the proporat	ourpose of	changing it	ts registered
agent La	egistered agent, or both, in the a m familiar with, and accept the c	obligations of, Section 607.0505, I	s authorized b Florida Statute	y me corpor s.	ation's board of directors. I hereby accept	or the appo	intribilt as	registered
SIGNATURE	Signature, type-dior printed name of register	All and the Headrahle All	OTC. Basistoned &	and constant as an	quired when reinstating)	DATE		
2.		S AND DIRECTORS	13.	leur schraithe red	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	Chairman Direct		1.1 TITLE	1			Change	Additio
NAME	CARL WOODW	1RO	1.2 NAME					
STREET ADDRESS	9901 16 0004	C+	1.3 STREE	T ADDRESS				
CITY-ST-7IP	Tpa F1 336	07	1.4 C(TY-	ST-ZIP				
TITLE	Tpa F1 336 Brium M. Keet 3701 Nassan Tmpa F1 3	My (Director) DELETE	2.1 TITLE			[	Change	Additio
NAME	3701 Missal	i ox.	2.2 NAME					
STREET ADDRESS	Tupa F/ 3	3607	2.3 STREE	T ADDRESS				
City - ST - ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			ı	Change	∐ Additio
NAME			3.2 NAME	1	•			
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CiTY-	ST-ZIP			Change	Additio
TITLE			4.1 TITLE				Change	LJ AOURIO
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY - S1 - ZIP		DELETE	4.4 CITY				Change	Additio
ITLE		FT DETELE	51 TITLE			I		וויטטח וייין
IAME			5.2 NAME	ı				
STREET ADDRESS				T ADDRESS			,	
CITY-SI-ZIP		DELETE	5.4 CITY -	51-ZIP		<sub>1</sub>	Change	☐ Additi
TITLE		☐ ptreit	6.1 TITLE			ı	ima cinarige	L AUGICE
NAME			6.2 NAME	i		•		
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP			6.4 CRY-	ST-ZIP				

I do 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 in it in attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #