

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # **P96000094131 (5)**

1. Corporation Name

CTS SALES & MARKETING, INC.



Principal Place of Business

**2457A SOUTH HIAWASSEE RD
STE 322
ORLANDO FL 32835
US**

Mailing Address

**2457A S HIAWASSEE RD
STE 322
ORLANDO FL 32835
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

59-3409272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHERWIN, ALLEN W
7001 HARBOR HEIGHTS DRIVE
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name

SHERWIN, ALLEN W.

82 Street Address (P.O. Box Number is Not Acceptable)

**2457A SOUTH HIAWASSEE Rd.
SUITE 322**

83

84 City

ORLANDO

FL

85 Zip Code

32835

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE **D**
NAME **SHERWIN, ALLEN W**
STREET ADDRESS **7001 HARBOR HEIGHTS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME **ALLEN SHERWIN**

1.3 STREET ADDRESS **2457A SOUTH HIAWASSEE Rd. SUITE 322**

1.4 CITY-ST-ZIP **ORLANDO, FL. 32835**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **M COURTNEY SHERWIN**

2.3 STREET ADDRESS **2457A SOUTH HIAWASSEE Rd. SUITE 322**

2.4 CITY-ST-ZIP **ORLANDO, FL. 32835**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

[Signature]

9.26.98 407.298.7270

CR2E034 (5/98)