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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094224

Country

1. Corporation Name

Suite, Apt. #, etc.

City & State

CUSTOM WORKSTATIONS. INC.

Mailing Address	
1346 N. STATE RD. 7 MARGATE FL 33063 US	
	1346 N. STATE RD. 7 MARGATE FL 33063

27

28

Zip

Suite, Apt. #, etc.

City & State

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90080 015 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

™No

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

11/14/1996 4. FEI Number

65-0724301

4	25	29	30			Personal Property Tax.	<u> </u>	⁄es	☑ No
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	egistered Ager	nt	
		<u> </u>		81	Name				
PUP/	ARD, MARY			82	Street Add	ress (P.O. Box Number is Not Acceptat	nle)		
3800 N.W. 11TH ST.					Sileet Add	ress (F.O. Box Number is Not Acceptate	ле,		
COC	ONUT CREEK FL 33066			83					
								1 7:- 0	
				84	City		FL 85	Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florid	la Statutes, the	e above	-named cor	poration submits this statement for the p	ourpose of chan	ging its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Fiorida. Such chanc	ie was authori	zed by I	he corporati	ion's board of directors. I hereby accept	the appointme	nt as reg	gistered
agent. i ai	m lamiliar with, and accept the obligati	ons or, section our.c	303, 1 londa 3	itatutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent	signature require	ed when reinstating)	DATE		
12.	OFFICERS AND		1	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTO	RS IN 12
TITLE	P	☐ DE	LETE 1.	1 TITLE				Change	☐ Addition
NAME :	PUPARD, MARY	MARY		2 NAME					
STREET ADDRESS	3800 N.W. 11TH ST.			3 STREET	ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33066		1.	4 CITY-ST	- ZIP		_		
TITLE	VPS			1 TITLE	_			Change	☐ Addition
NAME	PUPARD. RICHARD		2	2 NAME					
STREET ADDRESS	3800 N.W. 11TH ST.		2	3 STREET	ADDRESS				
	COCONUT CREEK FL 33066			4 CITY-ST					
CITY-ST-ZIP TITLE	COCONOT CHEEK TE GOOG			1 TITLE		.,,-	Ö	Change	Addition
NAME			3	2 NAME					
STREET ADDRESS					ADDRESS				
				4 CITY-S	1				
CITY-ST-ZIP TITLE	-	□ DE		1 TITLE				Change	Addition
NAME			4	2 NAME		,			
STREET ADDRESS:					ADDRESS				
				4 CITY-ST					
CITY-ST-ZIP TITLE		□ DE		1 TITLE				Change	Addition
NAME.				2 NAME		•			
STREET ADDRESS			5	3 STREET	ADDRESS				
			5	4 CITY-ST	- ZIP				
CITY-ST-ZIP TITLE		∏ De	LETE 6	1 TITLE				Change	Addition
NAME	ı			2 NAME			_	_	
				3 STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP				4 CITY-ST					
			9	,- vii 1-01					

Country

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.