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FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000101142 (3)

1. Corporation Name
CFP ENTERPRISES, INC.



Principal Place of Business

3800 GALT OCEAN DRIVE
APARTMENT 1505
FORT LAUDERDALE FL 33308

Mailing Address

3800 GALT OCEAN DRIVE
APARTMENT 1505
FORT LAUDERDALE FL 33308-7618

3. Date Incorporated or Qualified
12/13/1996

3a. Date of Last Report
DNA

2. Principal Place of Business

21 1400 E. Oakland Park Blvd.

Suite, Apt. #, etc.

22 Suite # 201

City & State

23 Fort Lauderdale, FL

Zip

24 33334

Country

25 U.S.

2a. Mailing Address

26 1400 E. Oakland Park Blvd.

Suite, Apt. #, etc.

27 Suite # 201

City & State

28 Fort Lauderdale, FL

Zip

29 33334

Country

30 U.S.

4. FEI Number
65-0715464

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PHILLIPS, GARY S ESQ.
4000 HOLLYWOOD BLVD.
SUITE 265 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ENGLEMAN, BRUCE
STREET ADDRESS 8 MAYBERRY HILL LANE
CITY-ST-ZIP UNCASVILLE CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Engelman, Bruce
1.3 STREET ADDRESS 8 Mayberry Lane
1.4 CITY-ST-ZIP Uncasville, CT 06282

☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME Cynthia Newman
2.3 STREET ADDRESS 2808 N.E. 33rd Ct.
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33306

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 on an attachment with an address.

SIGNATURE:

Cynthia Newman Sec

2-6-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006254

CR2E034 (9/96)