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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

P96000101300 (7)

CONTRA	ACTORS BONDING SERVICE	INC.		 	101 1480 1580 1680 1680 1680 1680 1680 1680 1680 16
Delucional Disc	- C Paralle	AA U: A L			
	ce of Business	Mailing Address			
292 SOUTH UNIVERSITY DRIVE 292 SOUTH UNIVERSITY DRI			NVE		
PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	
				12/16/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-68 500	Applied For
21		26		ADDLING-ROR	Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.	· ······························		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May 8e
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year intangible
24	25		30	Personal Property Tax due June 3	0. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	stered Agent
GEO	ORGE, JOHN G ESQ.		81 Name	har H. Bereio	ب
315 SOUTHEAST SEVENTH STREET			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
SUF	TE 20 0		6000	5 Em 13 ST	<u> </u>
FOR	IT LAUDERDALE FL 33301		63		
			84 CITY		- 85 Zip Code -
			1 H 40	12100	FL 85 翌5977
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					
Pursuant to the provisions of sections of 07.0502 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, if the State of Florida-Stich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Jamilier with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE		On chas H.	Buston)	3-92
	Signature, lyped or printed name of registered agent in	nd tille if applicable (NOT	E: Registered Agent signature req	uired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BURTON, MICHAEL	• •	1.2 NAME		
STREET ADDRESS	292 S. UNIVERSITY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		
TITLE	President	DELETE	2.1 TITLE		Change Addition
NAME	Linda fo Duta 19	7 Drive	2.2 NAME		
STREET ADDRESS	272 4	` (2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION +C 3	3324	2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	,	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

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