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FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101891 (5)

1. Corporation Name
CSH GROUP I, INC.

Principal Place of Business

1365 BENNETT DR
SUITE 109
LONGWOOD FL 32750

Mailing Address

1365 BENNETT DR
SUITE 109
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1996

4. FEI Number

65-0717711

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

21 490 North Street

22 Suite 132

23 City & State
Longwood, FL

24 Zip
32750

25 Country
USA

2a. Mailing Address

26 490 North Street

27 Suite 132

28 City & State
Longwood, FL

29 Zip
32750

30 Country
USA

9. Name and Address of Current Registered Agent

SUTMIRE, JOHN I
1365 BENNETT DR
SUITE 109
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

John I. Sutmire

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

490 North Street

83

Suite 132

84 City

Longwood

85 State

FL

86 Zip Code

32750

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
SUTMIRE, JOHN I
STREET ADDRESS
1320 NOBLE ST
CITY-ST-ZIP
LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
D
MCCRADY, GEORGE
STREET ADDRESS
103 HAMLIN T LANE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME
D
HAYDEN, FISK
STREET ADDRESS
400 N STREET #110
CITY-ST-ZIP
LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:



John I. Sutmire

3/17/98

(407) 339-2220

CR2E034 (10/97)