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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000010493 (9) DOCUMENT #

C.G. CARTRONICS, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6124 GRAND BLVD P O BOX 1266 **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34656 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 2. Principal Place of Business
21 5020 TROUBLECREEK 2a. Mailing Address Applied For 5020 TROUBLECKEEK 3426765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required New Port City & State 6. Election Campaign Financing \$5,00 May Be New Port Richer Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LESLIE, JAMES F 7316 HIDEAWAY TRAIL 82 **NEW PORT RICHEY FL 34655** вз 84 11. Pursuant to the provisions of Soctions 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 any accept the obligations of, Section 607.0505, Florida Statutes. CLIFFORD A G-REEN DIRECTOR SIGNATURE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE D 1.1 TITLE LESLIE, JAMES F NAME 1.2 NAME 7316 HIDEAWAY TRAIL STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34855** CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE DIRECTOR Change Addition TITLE 2.1 TITLE GREEN CLIFFORD A. 3543 GORMAN Dr. GREEN, CLIFFORD A NAMÉ 2.2 NAME **5626 ILLINOIS AVE** STREET ADDRESS 23 STREET ADDRESS New Port **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 2.4 CITY-ST-ZIP PRESIDENT DELETE ☐ Addition TITLE 3.1 TITLE GREEN Paula M 3543 GORMAN Dr. NAME GREEN, PAULA M 3.2 NAME STREET ADDRESS **5626 ILLINOIS AVE** 3.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-7IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE TEMPLE, PATRICIA L 4. 2 NAME 7316 HIDEAWAY TRAIL STREET ADORESS 4.3 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREFT ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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:

CLIFFORD A GREEN 4/27/98

813843-8863