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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048755 1. Corporation Name CSMSHH, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90270 020 ***150.00



Principal Place	e of Business	Mailing Address				,					
5606 PGA BLV	D., STE. 211	5606 PGA BLVD., STE, 21							•		
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS F						DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qua		11110	JI AUL		
						05/30/1997					
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			1 1	Applied	For
····	lace of Busiless	26				65-0759739			. ++	Not App	
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additio	
22	, oto.	27				5. Certifcate of Status Desir	ed 🗀	J		Require	,
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23		28				Trust Fund Contribution	- E]		d to Fee	
Zip	Country	Zip	Cor	untry		_8This corporation owes the	current.	vear Inta	naible		
24	25	29	30			Personal Property Tax.		,	∐Yes		0
	9. Name and Address of Currer		1001	Τ		10. Name and Address of I	lew Regi	stered A	gent		
				81	Name						
MAT	'Hison, Stephen S				51	(D.O. D. all sharin blot A	· · · · · · · · · · · · · · · · · · ·				
5606	B PGA BLVD., STE. 211			82	Street Addre	ess (P.O. Box Number is Not A	серіале)				
PALI	M BEACH GARDENS FL 33418			83							
									1		
				84	City			FI	85 Zi	p Code	-
SIGNATURE											
	Signature, typed or printed name of registered age			<u> </u>	t signature required			DATE	n nipec	TORS II	— N 12
12.	OFFICERS AN	ND DIRECTORS	13		t signature required	when reinstating) ADDITIONS/CHANGES T					N 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this annual report or supplemental annual report is true and accurate and that my sign officer or director of the corporation or the receiver or trustee empowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empower

have the same legal effect as if made under oath; that I am an by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR