## 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

P97000050296 (7) DOCUMENT #

CBC & S, INC.

1						
ŀ	Principal Place of Business		Mailing Address			
	11592 ISLAND A MATLACHA FL 3		11592 ISLAND AV MATLACHA FL 33		DO NOT WRITE IN THIS CRASE	
•					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/04/1997	
}	2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number Applied F 66-0766722 Not Applie	
- [	Suite, Apt. #,	etc.	Suite, Apt. #, e	rtc.	5. Certificate of Status Desired  Fee Required	
Į	City & State		City & State		Election Campaign Financing     Trust Fund Contribution     Added to Fees	
Į	Zip 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   X Yes  No	
į	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Γ	DEMO	OS, DAVID		81 Name		

**FILED** Mar 25 1998 8:00am Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

11592 ISLAND AVENUE Street Address (P.O. Box Number is Not Acceptable) MATLACHA FL 33993-9701 83 84 City 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 TITLE Change Addition TITLE DEMOS. DAVID 1.2 NAME 11592 ISLAND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MATLACHA FL 33993-9701 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DEMOS, LYNN NAME 2.2 NAME 11592 ISLAND AVENUE STREET ADORESS 2.3 STREET ADDRESS MATLACHA FL 33993-9701 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADORESS CITY-ST-ZIP 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.

3.3.98 941-282-6204 CIGNATURE V 1 1/4/47 DOMOS