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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Feb 20 1998 8:00am Secretary of State

1. Corporation Name # P9/0000/1911 (b)											
CNS F	iolding,	INC.									
Principal Place of Business Mailing Address								- 1 1004:009 110 19141 10041 80411 00114 08411 00414 1004))	ESP IIIN ING	
1600 S DIXIE HIGHWAY 1D 1600 S DIXIE HIGHWAY 1[1D						
BOCA RATON FL 33432 BOCA RATON FL 33432											
								DO NOT WRITE IN THIS	SPACE		
								3. Date Incorporated or Qualified			
2. Principal I	Place of Busin	ness	2a. Mailing Address					08/19/1997 4. FEI Number		pplied For	
21			26					65-0793676		lot Applicable	
Suite, Apt	#, etc.			Suite, Apt. #, etc.						Additional	
22		WAY PARTY AND ADDRESS OF THE PARTY AND ADDRESS	27					5. Certificate of Status Desired		lequired	
City & Sta	ite		City &	City & State				6. Election Campaign Financing\$5.00 May Be			
23			28	- + 				Trust Fund Contribution			
Zip		Country	Zip		Country	/		8. This corporation owes or has paid the cur	_		
24	25 9, Name and Address of Current			29 30 30 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
LIC			trograterou r	.90	81	Name		10, Harris and Address VI Hew Hegistered	Agom		
HEINO, GLENN 1600 \$ DIXIE HIGHWAY 1D											
BOCA RATON FL 33432				82 Street Ac			Addres	ess (P.O. Box Number is Not Acceptable)			
DOOR HATON PE 33432					83						
					-	<u> </u>					
•					84	City		FL	85 Zip	Code	
11. Pursuant	to the provisi	ions of Sections 607.050	2 and 607.1508	3, Florida Statu	les, the abov	e-named	corpor		changing i	its registered	
agent. La	am familiar w	th, and accept the oblig	ations of, Section	n change wa s on 607.05 <mark>05, Fi</mark>	authorized by orida Statute	y ine corp s.	ooratio	ration submits this statement for the purpose of n's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE											
	Signature, lyped	or printed name of registered age OFFICERS ANI		ble. (NO	E: Registered Age	ent signature	required				
TITLE	D	OFFICENS AIN	D DINECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition	
NAME	HEINO, GLENN			1.2 NAM					□ change	L. Addition	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	1	ATON FL 33432				T-ZIP					
TITLE	D			DELETE	2.1 TITLE				Change	☐ Addition	
NAME	CANTOR	r, edward			2.2 NAME						
STREET ADDRESS	1600 S (DIXIE HIGHWAY 1D			2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA R	ATON FL 33432	· - · · -	2.4				•			
TITLE				☐ DELETÉ	3.1 TITLE	1			☐ Change	☐ Addition	
NAME					3.2 NAME				•		
STREET ADDRESS					3.3 STREET						
CITY-ST-ZIP		•		DELETE	3.4. CITY - 9	ST-ZIP			Change	Addition	
TITLE NAME				☐ DELET E	4.1 TITLE 4.2 NAME				L Change	Addition	
STREET ADDRESS						ADDDECC					
					4.3 STREET	- 1					
CITY-ST-ZIP TITLE				DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP			Change	Addition	
NAME					5.2 NAME						
STREET ADDRESS	1				5.3 STREET	ADDRESS				ļ.	
CITY-ST-ZIP					5.4 CITY-S	- 1					
TITLE				DELETE	6.1 TITLE	· -			Change	Addition	
NAME					6.2 NAME				•		
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP 6						r-ZiP					
14. I hereby o	certify that the	information supplied wi	th this filing doe	es not qualify fo			d in Se	ection 119 07/3\(\text{i}\) Florida Statutes, I further cor	ctify 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 or up attachment with an address.