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

PROFIT CORPORATION ANNUAL REPORT

CIGNATI IRE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 26 1998 8:00am

Secretary of State

3-19-98

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000072412 (4) CUSTOM SERVICES OF ENGLEWOOD, INCORPORATED Principal Place of Business Mailing Address 1010 BAYSHORE DRIVE 1010 BAYSHORE DRIVE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/20/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte Ant #. etc Suite, Apt. #, etc. \$8.75 Additional  $\square$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WHITE, WAYNE 1010 BAYSHORE DRIVE 82 Street Ag Number is Not Acceptable) **ENGLEWOOD FL 34223** 83 84 City EWOOD 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ric State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ric obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the provis office or registered at agent. I am familiary SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97) 12. **BS AND DIRECTORS** 13. ☐ DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME . KNAUF NAME IORTON AUE. 1.3 STREET ADDRESS STREET ADDRESS  $4\infty u$ 24993 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 arrhual 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 reviewer 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 all august ment with all address.