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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000073355 (4) DOCUMENT #
1. Corporation Name

CSH GROUP III. INC.

Block 12 or Block 13 if changed, j

Principal Place of Business

Mailing Address

1365 BENNETT DR., STE. 109

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FILED Apr 15 1998 8:00am Secretary of State



LONGWOOD FL \$2750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1997 2. Principal Place of Business 342 Pressview Drive 2a. Mailing Address 26 342 Pressview Drive Applied For 59-3464185 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Longwood, 28 <u>Longwood</u>, Trust Fund Contribution Added to Fees 32750 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country USA UŚA 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUTIMIRE, JOHN I At wood, John R. 1365 BENNETT DR., STE. 109 Street Address (P.O. Box Number is Not Acceptable) 342 Pressview Drive 82 LONGWOOD FL 32750 83 84 City Longwood 11. Pursuant to the provis 7. 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. office or registered ag agent. I am familiar wi John R. Attwood SIGNATURE <u>4/10/98</u> egistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition **S**UTMIRE, JOHN I NAME 1.2 NAME 1320 NOBLE ST. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY-ST-7P 1.4 CITY-ST-ZIP TITLE DELETE **✓** Addition 2.1 TITLE Change **PSTD** NAME 22 NAME Attwood, John R. STREET ADDRESS 2.3 STREET ADDRESS 342 Pressview Drive CITY-ST-ZIP 2. 4 CITY-ST-ZIP Longwood, FL 32750 DELETE TITLE 3.1 TITL€ ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. I hereby certify that the information indicated on this annual report or sofficer or director of the combination ig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is frugand accurate and that my signature shall have the same legal effect as if made under oath; that I am an istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in