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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000090153**1. Corporation Name

CSC-GP, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90089 039 ***150.00



Principal Place	of Business		Mailing Address					. '						
250 S. AUSTRALIAN AVENUE			250 S. AUSTRALIAN AVENUE						•					
WEST PALM BEACH FL 33401			WEST PALM BEACH FL 33401					DO NOT WRITE IN THIS SPACE						
								3. Date		or Qualifed				
									0/1997					
2. Principal Place of Business			2a. Mailing Address					4. FEI N					App	olied For
21			26					APPLIED FOR					Applicable -	
Suite, Apt. #, etc			Suite, Apt. #, etc.					E Certifo	cate of State	us Desired		• -		dditional
22			27					J. Cerui					Fee Red	
City & State			City & State						-	ın Financing				May Be
23			28						Fund Contr				dded to	Fees
Zip	Country			Zip Country						owes the cur	rent year	Intangibl		□No
24	25	29						onal Property	ess of New	Pegister				
	9. Name and A	ddress of Current Re	egistered /	Agent		81	Name	10 Name	e and Addin	E33 UI 110W	KeBister	au Agein	•	
LAYN	MAN. DAVID ESC)												
	GREENBERD TR					82	Street Addre	ess (P.O. Bo	x Number is	s Not Accept	able)			Į
777 S. FLAGGER DR., SUITE 310-E						83					4-1			
	T PALM BEACH	•												
						84	City				F	L 85	Zip C	Code
44 Pursuant	to the provinions of	Sections 607.0502 an	od 607 150	8 Florida Statut	es the a	bove	-named corpo	ration subm	nits this state	ement for the	nurnose	of chanc	ing its	registered
office or re	no triene heretaing	hoth in the State of Fl	lorida. Suc	n change was a	utnorized	a by t	ine corporatioi	n's board of	directors. I	hereby acce	pt the ap	pointmen	t as reg	gistered
agent. I ai	m familiar with, and	accept the obligations	s or, Secuc	on 607.0505, Fio	nua Stat	iuies.								
														Į.
SIGNATURE	Slonature, typed or printer	d name of registered agent and	title if applical	ble. (NOTE	: Registered	d Agent	t signature required	when reinstating	g) .		DATE			
SIGNATURE	Signature, typed or printer	d name of registered agent and OFFICERS AND D			: Registered		t signature required			NGES TO O				
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14. I hereby 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 officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an attack

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

notes if

Daytime Phone #