

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90054 020 ***150.00

DOCUMENT # *P9800000 5437*
1. Corporation Name *CORPORATE MANAGEMENT SERVICES*
7523 ALOMA AVE, SUITE 207
WINTER PARK, FLORIDA 32792

Principal Place of Business Mailing Address
7523 ALOMA AVE, SUITE 207
WINTER PARK, FLORIDA 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 *7523 ALOMA AVE* 26 *7523 ALOMA AVE*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *207* 27 *207*
City & State City & State
23 *WINTER PARK* 28 *WINTER PARK FL*
Zip 32792 Country Zip 32792 Country
24 *FLORIDA* 25 *U.S.A.* 29 *32792* 30 *U.S.A.*

3. Date Incorporated or Qualified
JANUARY 15, 1998
4. FEI Number EIN *59-3491750* Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PIERRE J. GAUTHIER
7523 ALOMA AVE, SUITE 207
WINTER PARK, FLORIDA 32792

10. Name and Address of New Registered Agent
81 Name *MICHAEL JOHNSON*
82 Street Address (P.O. Box Number is Not Acceptable)
7523 ALOMA AVE, SUITE 207
83 *WINTER PARK*
84 City *FL* 85 Zip Code *32792*

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

Michael Johnson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-99

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME *PRESIDENT*
PIERRE J. GAUTHIER
STREET ADDRESS *7523 ALOMA AVE, SUITE 207*
CITY-ST-ZIP *WINTER PARK, FLORIDA 32792*
TITLE ☐ DELETE
NAME *VICE PRESIDENT/SECRETARY*
DONALD SHAW
STREET ADDRESS *7523 ALOMA AVE, SUITE 207*
CITY-ST-ZIP *WINTER PARK, FLORIDA 32792*
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre Gauthier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE GAUTHIER, PRESIDENT

May 28, 1999 *407* *678-7799*
Date Daytime Phone #