

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000029085

1. Corporation Name
C.S.G. SERVICES, INC.

FILED

92 JUN -7 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

680 W INDUSTRIAL AVE
UNIT 4
BOYNTON BEACH FL 33426

Mailing Address

680 W INDUSTRIAL AVE
UNIT 4
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2895 S. Federal Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 2895 S. Federal Hwy
Suite, Apt. #, etc.

22. B-3

23. Delray Beach, FL
City & State

24. 33483 25. US

27. City & State

28. Delray Beach, FL
City & State

29. 33484 30. US

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0824590

5. Certificate or Status Desired

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax

10. Name and Address of New Registered Agent

\$8.75
Applied For
Not Applicable

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip

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

Connie Sue Schmitt

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

NAME PSTD
SCHMITT, CONNIE SUE
STREET ADDRESS 680 W INDUSTRIAL AVE, UNIT 4
CITY, ST, ZIP BOYNTON BEACH FL 33426

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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