

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

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**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90026 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000058230**

1. Corporation Name  
**C-N-A SALES, INC.**



Principal Place of Business  
**2814 MALDIVE COURT  
 DELTONA FL 32738**

Mailing Address  
**2814 MALDIVE COURT  
 DELTONA FL 32738**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **2814 Maldive Ct.**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Deltona, Fl.**  
 Zip Country  
 24 **32738** 25 **U.S.A.**

2a. Mailing Address  
 26 **2814 Maldive Ct.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Deltona, Fl.**  
 Zip Country  
 29 **32738** 30 **U.S.A.**

3. Date Incorporated or Qualified  
**06/30/1998**

4. FEI Number  
**59-3520150** 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

**FUCHS, LAWRENCE M  
 590 ROYAL PALM BEACH BOULEVARD  
 ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures are required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DPT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HASTY, CHRISTOPHER L</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2814 MALDIVE COURT</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELTONA FL 32738</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SDV</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MULLINS, AMY J</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2814 MALDIVE COURT</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELTONA FL 32738</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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: Amy Mullins **AMY MULLINS** 4/1/99 407-574-5649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)