

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90204 049 ***150.00

DOCUMENT # P98000088757

1. Corporation Name
C.I.O., INC.

Principal Place of Business
3150 SOUTH BABCOCK STREET
SUITE K
MELBOURNE FL 32901

Mailing Address
3150 SOUTH BABCOCK STREET
SUITE K
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3150 S. Babcock

2a. Mailing Address
26 Same

Suite, Apt. #, etc.

22 Suite K

Suite, Apt. #, etc.

City & State

23 Melbourne FL

City & State

Zip

24 32901

Country

Zip

29

Country

30

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

59-3538555

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

HAUCK, TRACY
525 EAST STRAWBRIDGE AVENUE
SUITE 5
MELBOURNE FL 32901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE
NAME MURRAY BURNSTEIN
STREET ADDRESS 3150 S. Babcock St # K
CITY-STATE-ZIP Melbourne FL 32901

TITLE ~~SECRETARY~~ Secretary ☒ DELETE
NAME SCOTT MILLER
STREET ADDRESS 3150 S. Babcock St # K
CITY-STATE-ZIP Melbourne FL 32901

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME RICHARD AUSTIN
1.3 STREET ADDRESS 3150 S. BABCOCK ST # K
1.4 CITY-STATE-ZIP Melbourne FL.

2.1 TITLE ~~SECRETARY~~ ☐ Change ☒ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS SHERRY MASS
2.4 CITY-STATE-ZIP 3150 S. BABCOCK ST, # K MELBOURNE FL

3.1 TITLE V.P. ☒ Change ☐ Addition
3.2 NAME RHONDA BURNSTEIN
3.3 STREET ADDRESS 3150 S. Babcock St # K
3.4 CITY-STATE-ZIP Melbourne FL.

4.1 TITLE ANN AUSTIN ☐ Change ☐ Addition
4.2 NAME TREASURER
4.3 STREET ADDRESS 3150 S. BABCOCK ST # K
4.4 CITY-STATE-ZIP Melbourne FL 32901

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0100390