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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

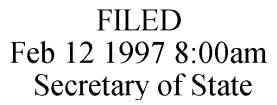
Sandra B. Wortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S12161

(3)

C & S MOBIL, INC.





•										
Principal Place of Business Mailing Address						} 64080 6 911000		1811 018 17 818 11 8181	1001101	
1800 MCCCALL ENGLEWOOD F	ROAD S.	1800 MCCCAL	800 MCCCALL ROAD 8. NGLEWOOD FL 34223-4958							
1						3. Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing A	2e. Mailing Address					₽∤	pplied For lot Applicable	
Suite, Apt	# etc	Suite, Ap	t. #. etc.		~	59-3035438		_ 69.75	Additional	
22		27	27				5. Certificate of Status Desired LJ Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip				This corporation has liability for intangible tax under s. 199.032,				
24	25 29		30			Florida Statutes				
	9. Name and Address of Curi	rent Registered Age	nt			10. Name and Addi	ess of New Reg	istered Agent		
	TIFF, BADER P			8	1 Name	Robert M.	Bader,	P.A.		
	2 WESTLNESTA BLVD		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
POR	T CHARLOTTE FL 33952		2223			2 Westchest	er Blvd			
	•			ľ	3					
		1		6	4 City	rt Charlott	e.	FL 85 Zip	Code 3949	
11. Pursuant	to the provisions of Sections 607.0	5/2 and 607.1508, F	lorida Statut	es, the abo	ve-named cor	poration submits this sta	tement for the pi		its registered	
office or r agent. I a	to the provisions of Sections 607.0 registered agon, o both in the S im familiar win, and accept the	ing at the second of the secon	nange was a 607.0505, Fk	authorized orida Statut	by the corpora es.	ation's board of directors	. I hereby accep	t the appointment a	3 registered	
SIGNATURE	Signature yped or printed name of registered	agent and title if applicable	INOT	E: Registered #	gent skonature regu	uired when reinstating)	C	DATE / /		
12.	<u></u>	AND DIRECTORS	<i>/</i>	13.			IGES TO OFFIO	ERS AND DIRECTO	RS IN 12	
TITLE	P		DELETE	1.1 TITLE				☐ Change	Addition	
NAME	HARTWIG, CAROL			1.2 NAM	£					
STREET ADDRESS	24582 NOVA LANE			1.3 STRE	ET ADDRESS					
CITY - ST - ZIP	PORT CHARLOTTE FL			14 DiTY	-ST-ZIP		3			
TITLE	ST		DELETE	2.1 TITLE				Change	Addition	
NAME	HARTWIG, DANIEL			2.2 NAM	E					
STREET ADDRESS	22852 NOVA LANE			23 STRE	ET ADDRESS					
CITY - SI - ZIP	PORT CHARLOTTE FL		_	2 4 CIT	-ST-ZIP		·			
TITLE		L.] DELETE	3.1 TITLE				Change	Addition .	
NAME				3.2 NAM	1				Į	
STREET ADDRESS				1	ET ADDRESS					
CITY-ST-ZIP			DELETT	3.4. C(T)					A Jaka	
TITLE		L.	J DELETE	4.1 TITLE				L Change	L Addition	
NAME				4. 2 NAN						
STREET ADDRESS					ET ADDRESS					
C(TY-ST-ZIP TITLE			DELETE	4.4 City 5.1 Title				Change	Addition	
NAME		_	- petrik	5.7 HILL 5.2 NAM	l l			Emil Gridingo		
STREET ADDRESS					ET ADDRESS				<u>'</u>	
CITY-ST-ZIP				5.4 CITY	1					
THLE		Г	DELETE	6.1 TITL				Change	☐ Addition	
NAME			· -	6.2 NAM	í					
STREET ADDRESS				1	ET ADDRESS					
CITY-S1-ZIP		_	,	6.4 CiTY						
14. I do herel	by certify that the intermation supp	lied with this filing of	pes not quali	v for the e	cemption state	ed in Section 119.07(3)(i)	, Florida Statutes	. I further certify tha	t the	
informatio	on indicated on this winual report of	or supplemental anni.	ial report is t	rue and ae	eurate and the	at my signature shall hav	e the same legal er 607. Florida S	l effect as if made u	nder oath; that	

SIGNATURE:

1-16-97 1941) 629-3035