

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35709** (2)
1. Corporation Name
CCSD, INC.



Principal Place of Business
**5712 JOHNSON ST
HOLLYWOOD FL 33021
US**

Mailing Address
**5712 JOHNSON ST
HOLLYWOOD FL 33021
US**

3. Date Incorporated or Qualified
03/01/1991

3a. Date of Last Report
06/20/1995

4. FEI Number
65-0249206

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **275 NW 135TH WAY**
Suite, Apt. #, etc.

22
City & State
23 **PLANTATION, FL**
Zip Country
24 **33325** 25 **0**

2a. Mailing Address
26 **275 NW 135TH WAY**
Suite, Apt. #, etc.

27
City & State
28 **PLANTATION, FL**
Zip Country
29 **33325** 30 **0**

g. Name and Address of Current Registered Agent

**HEIL, JAY C.
115 N.W. 133 ROAD
PLANTATION FL 33325**

10. Name and Address of New Registered Agent

81 Name **JAY C. HEIL**

82 Street Address (P.O. Box Number is Not Acceptable)
275 NW 135TH WAY

83

84 City **PLANTATION** FL 85 Zip Code **33325**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Jay C. Heil **JAY C. HEIL**

6/20/96
Date

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	HEIL, JAY C.	
STREET ADDRESS	115 N.W. 133 ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	HEIL, JAY C.	
STREET ADDRESS	115 N.W. 133 ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEIL, JAY C.	
1.3 STREET ADDRESS	275 NW 135TH WAY	
1.4 CITY-ST-ZIP	PLANTATION, FL 33325	
2.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEIL, JAY C.	
2.3 STREET ADDRESS	275 NW 135TH WAY	
2.4 CITY-ST-ZIP	PLANTATION, FL 33325	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jay C. Heil **JAY C. HEIL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96
Date

954-916-9166
Corporate Phone #