


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90010 046 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999




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

DOCUMENT # S67283
Corporation Name
CSMW ENTERPRISES, INC.

| | |
|--|--|
| Principal Place of Business 11 MORNING SUN DRIVE JACKSONVILLE FL 32225 | Mailing Address P O BOX 550855 JACKSONVILLE FL 32255-855 US |
|--|--|

612998 - 90010 - 46



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------|--|--|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/15/1991 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3082403 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent WARDEN, MARGARET 13241 MORNINGSUN DRIVE JACKSONVILLE FL 32225 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | | | 84 City | |
| | | | | 85 Zip Code FL | |

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.

| | | | | | | | |
|------------------------|--------------|---|------------------------|--|-----------------|------|--|
| NATURE | | Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| VP | WARDEN, SEAN | 13241 MORNINGSUN DRIVE | JACKSONVILLE FL | 1.1 TITLE | Change Addition | | |
| ET ADDRESS | | | | 1.2 NAME | | | |
| ST-ZIP | | | | 1.3 STREET ADDRESS | | | |
| | P | WARDEN, CHARLES | 13241 MORNINGSUN DRIVE | 1.4 CITY-ST-ZIP | Change Addition | | |
| ET ADDRESS | | | | 2.1 TITLE | | | |
| ST-ZIP | | | | 2.2 NAME | | | |
| | T | WARDEN, MARGARET | 13241 MORNINGSUN DRIVE | 2.3 STREET ADDRESS | Change Addition | | |
| ET ADDRESS | | | | 2.4 CITY-ST-ZIP | | | |
| ST-ZIP | | | | 3.1 TITLE | Change Addition | | |
| | | | | 3.2 NAME | | | |
| ET ADDRESS | | | | 3.3 STREET ADDRESS | Change Addition | | |
| ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| | | | | 4.1 TITLE | Change Addition | | |
| ET ADDRESS | | | | 4.2 NAME | | | |
| ST-ZIP | | | | 4.3 STREET ADDRESS | Change Addition | | |
| | | | | 4.4 CITY-ST-ZIP | | | |
| ET ADDRESS | | | | 5.1 TITLE | Change Addition | | |
| ST-ZIP | | | | 5.2 NAME | | | |
| | | | | 5.3 STREET ADDRESS | Change Addition | | |
| ET ADDRESS | | | | 5.4 CITY-ST-ZIP | | | |
| ST-ZIP | | | | 6.1 TITLE | Change Addition | | |
| | | | | 6.2 NAME | | | |
| ET ADDRESS | | | | 6.3 STREET ADDRESS | Change Addition | | |
| ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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.

GNATURE: *Margaret Warden* **9-1-99** **904-221-2810**

CR2E034 (5/99)