

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 # **S74010** (7)

1. Corporation Name

CUSTOM ENTERPRISES SOUTH, INC.



Principal Place of Business

**7604 HIBISCUS RD.
FT PIERCE FL 34951**

Mailing Address

**7604 HIBISCUS RD.
FT PIERCE FL 34951**

3. Date Incorporated or Qualified
08/15/1991

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21 **7604 Hibiscus Rd**

2a. Mailing Address

26 **7604 Hibiscus Rd**

4. FEI Number

65-0282664

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **FT. Pierce FL**

City & State

28 **FT. Pierce FL**

Zip

24 **34951**

Country

25 **ST. Lucia**

Zip

29 **34951**

Country

30 **ST. Lucia**

9. Name and Address of Current Registered Agent

**SWARTZ, DAVID E JR
7604 HIBISCUS RD.
BAY 4 BLDG 8
FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

81 Name

David E Swartz Jr

82 Street Address (P.O. Box Number is Not Acceptable)

7604 Hibiscus Rd

83

84 City

FT. Pierce

FL

85 Zip Code

34951

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 **David E Swartz Jr, president**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **SWARTZ, DAVID E JR.**
STREET ADDRESS **7604 HIBISCUS RD.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **VD** ☐ DELETE
NAME **SWARTZ, DAVID E JR.**
STREET ADDRESS **7604 HIBISCUS RD.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **David E Swartz Jr, president** **4/22/96**
407.466.5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)