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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # S89452

(4)

C & S DEVELOPMENT CORPORATION OF INDIAN RIVER CO UNTY

## **FILED** May 14 1998 8:00am Secretary of State



				.=					
Principal Place of Business Mailing Address									
2127 TENTH		2127 TENTH AVE							
VERO BEACH	FL 32960	VERO BEACH FL 32960				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/24/1991			
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	Ap	plied For	
21		26				65-0310082	No	t Applicable	
Sulte, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Cerificate of Status Desired	Fee Re	equired	
City & State	<del>)</del>	City & State				6. Election Campaign Financing	\$5.00	Мау Ве	
23		28				Trust Fund Contribution	Added t	to Fees	
Zip				8. This corporation owes or has paid the current year Intangible					
24	25	29	30			Personal Properly Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Maille Elia Address of New Hegiste	Bu Agent		
	OCK, SAMUEL A.								
	27 TENTH AVENUE			82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
VE:	RO BEACH FL 32960			83					
				84	City		- 85 Zip (	Code	
		a construction file.					-L   65   2   6		
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, typod or posted name of regelered upont and tide if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
	12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12	
TITLE	PD DELETE			1.1 TITLE			Change	☐ Addition	
NAME	BLOCK, CHARLES E		1.2 NA	1.2 NAME				į.	
STREET ADDRESS	2044 14TH AVE		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	VERO BCH FL			1.4 CiTY-ST-ZIP					
TITLE	\$TO DELETE		2171	21 TITLE			Change	Addition	
NAME	PUTTICK, KEN		2 2 NAME					ŀ	
STREET ADDRESS	1401 U.S. HWY, 1		2 3 STREET ADDRESS		address			ĺ	
CITY-ST-ZIP	VERO BCH FL		2 4 0	2 4 CITY-ST-ZIP					
TITLE	DELETE			3.1 TITLE			Change	Addition	
NAME				3 2 NAME				1	
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			T-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TO				∟ change		
NAME			4 2 N		LOCATION				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	44 CF 51 TF		- ZIP		Change	Addition	
TITLE			1				L Ondrigo		
NAME OTREET ARRANGE				5 2 NAME 5 3 STREET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELETE		54 City-St-ZiP 61 Title			Change	Addition	
NAME			62 NAME						
					ADDRESS				
STREET ADDRESS			1						
CITY-ST-ZIP	cortify that the information supplied with this filing does not qualify for			64 CITY-ST-ZIP		Section 119 07(3)(i) Florida Statutes I furthe	er certify that the	information	

t nereby certity 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 informatio 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 eath; that I am an efficer 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.