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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

CUSTOM BUSINESS SERVICES OF BREVARD, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							OLI BIRLI BIRRA DIL	HI SIMI IDTI	
SHIST COVE COURT SHIST COVE COURT									
MELBOURNE FL 32935 MELBOURNE FL 32935						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						02/07/1992			
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	A	oplied For	
21 26						59-3 193385	No	ot Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc.						5. Certificate of Status Desired		Additional	
22 27								equired	
City & State	е	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip			intry		This corporation owes or has paid the corporation of the corporat				
24	25	29	30	,		Personal Property Tax due June 30.] No	
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
LE	WIS. GARY			81 Name					
3461 COVE COURT				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
MELBOURNE FL 32935						,			
ĺ				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code	
						F <u>i</u>			
11. Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607.1508, Florida Stat tate of Florida, Such change was	utes, the al s authorize	bove d by	-named corporation	wation submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it pointment as	ts registered registered	
agent. I a	im familiar with, and accept the ol	bligations of, Section 607.0505,	Florida Stat	tutes	i.	on's board of directors. I hereby accept the ap			
SIGNATURE	The second secon								
12.	Signature, typed or printed issume of transference OFFICERS	d agent and little if applicable (N AND DIRECTORS	OTE Registere	d Age	nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	2S IN 12	
TITLE	D	DELETE	1.1 71	TLE		ADDITIONS/OFFANGES TO OFFICE HIS AIR	Change	Addition	
NAME	LEWIS, GARY	_	1.2 N				_ •		
STREET ADDRESS	3461 COVE COURT		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		1.4 C	ITY~S	t-zip				
TITLE	DELETE 2		2.1 Ti				Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 \$1	TREET	ADORESS			ŀ	
CITY-ST-ZIP					1-2IP				
TITLE		DELETE	3.1 TI				Change	Addition	
NAME			3.2 N						
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		DELETE	3.4 C		IT-ZIP	<u> </u>	Change	Addition	
NAME			4.2 N				بالمراسين وسيا		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY - S					
TITLE		DELETE	5 1 Th		-"		Change	Addition	
HAME			5.2 N						
STREET ADDRESS			5.3 ST	IREET	ADORESS				
CITY-ST-ZIP			5 4 C	ITY - 5	T- ZIP				
TITLE		☐ DELETE	6 1 TI	TLE			Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			64.0	ITY - S	T-ZIP				

14. 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and a practicular with an address

GARY LEWIS