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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V18326

Mailing Address

C & N HOLDINGS, INC.

Principal Place of Business

BOCA RATON FL 33433

SIGNATURE:

5970 S.W. 18TH STREET. #302

(1)

5970 S.W. 18TH STREET. #302

BOCA RATON FL 33433-7197

FILED Mar 17 1997 8:00am Secretary of State

		dii ridii duli	ELEK ELEK	ш

561-368-7445

0317103

						 Date Incorporated or Qualified 03/02/1992 	3a. Date of La 07/25/199				
2, Pancipal	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For			
21		26				65-0314807		Not Applicable			
Suite, Apl. #, etc. 22		Suite, Ap	Suite, Apt #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired See Requir				
C-ty & Sta 23	City & State City & State 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip 24	Country 25	Ζφ 29		Country 30	1	This corporation has liability for in Florida Statutes	ntangible tax und Yes \[\] No	ler s. 199.032,			
E.ii	g. Name and Address of C		ent			10. Name and Address of New Reg	Istered Agent				
ST	ROUD, NANCY		,	81	Name	1					
ONE LINCOLN PLACE						82 Street Address (P.O. Box Number is Not Acceptable)					
1900 GLADES ROAD					62 Street Address (F.O. Box Multiper is Not Acceptable)						
	CA RATON FL 33431			83							
				84	City			Zip Code			
				04	City		FL 85	zip Code			
office or	registered agent, or both, in the am familiar with, and accept the	State of Florida, Such obligations of, Section	chango was 607.0505, f	authorized b lorida Statute	y the cor s.	d corporation submits this statement for the purporation's board of directors. I hereby accept e required when reinstating)	t the appointmen	as registered			
12.	***************************************	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		TORS IN 12			
TOLE	P		DELETE	1.1 TITLE			☐ Char				
NAME	HOUSE, CARL			1.2 NAME							
STREET ADDRESS	FORD O'M ANTH OT AN	02		1.3 STREE	ADDRESS) (
CHY+S1+202	BOCA RATON FL 33433			1.4 CITY-1	ST-ZiP			}			
100	V		DELETE	2 1 TITLE			☐ Char	nge 🔲 Addition			
NAM:	STROUD, NANCY			22 NAME				{			
STREET ALIGNESS		50		2 3 \$1REE	r address			ļ			
C-IY-ST-ZiP	BOCA RATON FL 33431			2 4 CITY -	ST-ZIP)			
THE		I	DELETE	31 TITLE			Char	nge 🔲 Addition			
NAME				3.2 NAME				}			
STHEET AUDRESS				33 STREE	I ADDRESS						
CHY-ST Zor				3.4. CrTY -	ST-ZIP						
THEF			DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition			
NAME				4. 2 NAME							
STREET ADDRESS	,			4.3 STREE	ADDRESS						
CITY 51 700				4.4 CITY - 1	SI-ZIP		· · · · · · · · · · · · · · · · · · ·				
THEF		Ļ	DELETE	5 1 TITLE			Char	nge 🔲 Addition			
NAME				52 NAME				İ			
STPGET ADDRESS	,			5.3 STREE	T ADDRESS			}			
£11Y-\$1-24P	1			5.4 CITY - :	ST-ZIP						
1016		Ĺ	☐ DETEAE	6.1 THUE			[_] Chai	nge 🔲 Addition			
NAME				6.2 NAME				1			
STREET ADDRESS	5]			63STREE	1 Aduress			Ì			
CHY-ST ZIF	I			6.4 DITY-5							
informat Lam an	ion indicated on this annual repa	ort or supplemental arm tion or the receiver or tr	ual report is ustee empo	strue and acc owered to exe	urate an	stated in Section 119.07(3)(i), Florida Statutes of that my signature shall have the same legal report as required by Chapter 607, Florida St	effect as if made	e under oath; that			

NING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN