

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V37736** (8)

1. Corporation Name

COMPLETE SPECIAL INVESTORS, INC.



Principal Place of Business

P.O. BOX 1988
OVIEDO FL 32765

Mailing Address

2426 ABBEY AVE
ORLANDO FL 32833
US

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3126096

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINCHESTER, WILLIAM
1425 WEST BROADWAY
OVIEDO FL 32765

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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, typed or printed name of registered agent, and the date of signature.

(NOTE: Registered Agent's signature is required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS MCCLLENATHAN, ROBERT J, III
CITY- ST- ZIP 4624 KATY DR.
NEW SMYRNA BCH FL

TITLE ☐ DELETE
NAME DV
STREET ADDRESS CONDON, PATRICK M.
CITY- ST- ZIP 1604 CLERK COURT
GENEVA FL

TITLE ☐ DELETE
NAME DT
STREET ADDRESS CURRAN, KEVIN W.
CITY- ST- ZIP 2426 ABBEY AVE
ORLANDO FL

TITLE ☐ DELETE
NAME DS
STREET ADDRESS WINCHESTER, WILLIAM
CITY- ST- ZIP 61 TOWOLLS DR
ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)