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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **V37736**1. Corporation Name

(8)

COMPLETE SPECIAL INVESTORS, INC.

FILED Mar 18 1997 8:00am Secretary of State



	e of Business	Mailing Address			I IOONI ONERIA NAK WANI WARAN HUND BULK	1981 MADE 1686 1686	i Milli Minit Ihni
P.O. BOX 1988 OVIEDO FL 32785		2426 ABBEY AVE ORLANDO FL 32633-4347					
		US			3. Date Incorporated or Qualified 05/18/1992	3a. Date of L.	
2. Principa P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Ц		26	·· · · · · · · · · · · · · · · · · · ·	****	59-3126096		Not Applicable
Suite Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Country	Zip	Coun	ntry	8. This corporation has liability for in		der s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Curren	nt Registered Agent		54 N	10. Name and Address of New Reg	istered Agent	
	ICHESTER, WILLIAM		'	81 Name			
1425 WEST BROADWAY OVIEDO FL 32765				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
•			Ī	83			
			Ī	84 City		FL 85	Zip Code
11 Done sout	to the provisions of Sections 607.056	12 and 607 1508 Florida S	tatutes the ah	nove-named cor	poration submits this statement for the pu		ing its registered
office of t	registered agent, or both, in the State	of Florida, Such change v	vas authorized	by the corpora	ation's board of directors. I hereby accept	t the appointme	nt as registered
agent La	ani familiar with, and accept the oblig	ations of Section 607,050	o, Florida Statu	ites.	0	1-07	
S:GNATURE		em and site if applicable.	INOTE Florietared	Aneni e coalure recui	ired when reinstating)	-1-97	
12.		ID DIRECTORS	13.	rigen egranic requ	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	CTORS IN 12
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0114 - ST - 70F	NEW SMYRNA BCH FL			Y-ST-ZIP			
11.6	DV	DELETE				☐ Cha	ange Additio
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	1604 CLERK COURT						
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DITY-SE ZIP DITE	GENEVA FL. DT	DELETE	2.3 STR 2.4 C/T 3.1 T/T/	REET ADDRESS TY-ST-ZIP		☐ Ch	ange Additio
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. I do 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 infocated 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #