

FILE NOW: FILING FEE AFTER 3-31-95 (8-284) - C IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3: 18

DOCUMENT # 763367 (0)

1. Corporation Name
UNITED CMC ORGANIZATION, INC.

Principal Place of Business Mailing Address
CAMDEN A - 24 WEST PALM BCH. FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1982** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2221503** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BERNHARD, ARTHUR
SHEFFIELD L 291
W. PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
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 607.1508, 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 *Arthur Bernhard* **ARTHUR BERNHARD**

MAR 28, 95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERNHARD, ARTHUR
STREET ADDRESS	SHEFFIELD L 291
CITY - ST - ZIP	W PALM BCH, FL 00000
TITLE	VO
NAME	COHEN, ANNE
STREET ADDRESS	114 WELLINGTON, #M
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	VO
NAME	WEISS, KURT
STREET ADDRESS	402 GREENBRER, #A
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	VO
NAME	WALSH, VIVIAN
STREET ADDRESS	HORTHAMPTON F 107
CITY - ST - ZIP	W PALM BCH, FL 00000
TITLE	S
NAME	WILLIAM, LILLIAN
STREET ADDRESS	KENT K 184
CITY - ST - ZIP	W PALM BCH, FL 00000
TITLE	Y
NAME	MUTTERPERL, NORMAN
STREET ADDRESS	OXFORD 400-103
CITY - ST - ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEE KLEIN
5.3 STREET ADDRESS	117 SHEFFIELD E
5.4 CITY - ST - ZIP	WEST PALM BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, above, or on an attachment thereto.

SIGNATURE: *Norman Mutterperl* **NORMAN MUTTERPERL**

3/28/95 **407-683-9189**