

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sanora B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005567 (1)**

1. Corporation Name

**CRM CONSTRUCTION SERVICES, INC.**



Principal Place of Business: **1110 EUCLID AVE., STE. 300 CLEVELAND OH 44115**  
Mailing Address: **1110 EUCLID AVE., STE. 300 CLEVELAND OH 44115**

3. Date Incorporated or Qualified: **11/14/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**  
Suite, Apt. #, etc.

City & State: **23**  
City & State

Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **37-1583952**  
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**

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

**9. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE: *[Signature]*

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>CALABRESE, STEVEN A</b>	
STREET ADDRESS	<b>1110 EUCLID AVE., STE. 300</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>CALABRESE, DAVID S</b>	
STREET ADDRESS	<b>1110 EUCLID AVE., STE. 300</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>FORTUNATO, DAVID R</b>	
STREET ADDRESS	<b>1110 EUCLID AVE., STE. 300</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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	<b>700001756077</b>
4.4 CITY-ST-ZIP	<b>03/25/96--01048--024</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***200.00</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 form is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report path; that I am an officer or director of the corporation or its receiver or trustee employee appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/96*

DATE

DATE/TIME PHONE #

CR2E034 (12/95)