SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H79827** **(2)**

1. Corporation Name
CM SQUARED, INC.

Principal Place of Business	Mailing Address
1746 SE 46TH LANE CAPE CORAL FL 33904	1746 SE 46TH LANE CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **10/02/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 19607 VINTAGE TRACE CR
22 Suite, Apt. #, etc
23 City & State: FT MYERS, FL
24 Zip: 33912 25 Country

2a. Mailing Address
26 19607 VINTAGE TRACE CR
27 Suite, Apt. #, etc
28 City & State: FT MYERS, FL
29 Zip: 33912 30 Country

4. FEI Number: **59-2601371** ☐ 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 (TO REPORT)

9. Name and Address of Current Registered Agent
RIECK, HAROLD R
1746 SE 46TH LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 19607 VINTAGE TRACE CR
83
84 City: FT MYERS FL 85 Zip Code: 33912

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	RIECK, HAROLD		1.2 NAME	
STREET ADDRESS	1746 SE 46TH LANE		1.3 STREET ADDRESS	19607 VINTAGE TRACE CR
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	DO	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	RIECK, MARY E.		2.2 NAME	
STREET ADDRESS	1746 SE 46TH LANE		2.3 STREET ADDRESS	19607 VINTAGE TRACE CR
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AYERS, MICHAEL		3.2 NAME	
STREET ADDRESS	5598 WOLF CREEK PK		3.3 STREET ADDRESS	
CITY-ST-ZIP	TROTWOOD OH		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E Rieck 6/9/96 941-267-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #