

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000008225 (4)
 1. Corporation Name
C & M UTILITIES APPLICATIONS, INC.



Principal Place of Business PO BOX 3749 PLANT CITY FL 33564 US	Mailing Address PO BOX 3749 PLANT CITY FL 33564-3749 US
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3. Date Incorporated or Qualified 11/23/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0377130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

DEAMBROSE, SAMANTHA J.
15431 PLANTATION OAKS DR #12
SUITE 1700
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	18310 Aintree Court
83	
84 City	Tampa
85 Zip Code	FL 33647

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 _____

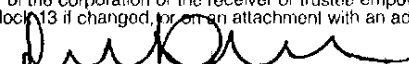
12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DE AMBROSE, SHERWOOD J.
STREET ADDRESS	2607 LAKEVIEW WAY
CITY-ST-ZIP	PLANT CITY FL
TITLE	V <input type="checkbox"/> DELETE
NAME	NIERENBERG, ALAN B.
STREET ADDRESS	5012 SAN MIGUEL
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HELLANDER, JOHN C.
STREET ADDRESS	955 HARBOR LAKE COURT
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	DE AMBROSE, SAMANTHA
STREET ADDRESS	15431 PLANTATION OAKS DR #12
CITY-ST-ZIP	TAMPA FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	18310 Aintree Court
4.4 CITY-ST-ZIP	Tampa, FL 33647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **Samantha J. DeAmbrose** 4/10/97 813-754-1152

CR2E034 (9/96)