

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 14 AM 10:36

DOCUMENT # 360948 (4)
1. Corporation Name
CM ASSOCIATES INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6741 ALLEN ST HOLLYWOOD FL 33024 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/12/1970** 3a. Date of Last Report **03/31/1994**
4. FEI Number **59-1575811** 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**
9. This corporation has liability for intangible tax under S. 199.032. Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **314 LEXING-DALE DR** 26 **314 LEXING-DALE DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **ORLANDO FL** 28 **ORLANDO FL**
Zip Country Zip Country
24 **32828** 25 **ORANGE** 29 **32828** 30 **ORANGE**

9. Name and Address of Current Registered Agent
MAIERHOFFER, HENRY F SR
6741 ALLEN ST
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name **MAIERHOFFER HENRY F. SR.**
82 Street Address (P.O. Box Number is Not Acceptable) **314 LEXINGDALE DR**
83
84 City **ORLANDO** FL 85 Zip Code **32828**

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 *Henry F. Maierhoffer Sr* **HENRY F. MAIERHOFFER** 4-8-95
Signature required for this name of registered agent and title (checkboxable) (NOTE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAIERHOFFER, HENRY, SR.
STREET ADDRESS	6741 ALLEN ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	V
NAME	MAIERHOFFER, HENRY, JR.
STREET ADDRESS	6741 ALLEN ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	S
NAME	MAIERHOFFER, VIRGINIA
STREET ADDRESS	6741 ALLEN ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAIERHOFFER HENRY F. SR
13 STREET ADDRESS	314 LEXING-DALE DR
14 CITY - ST - ZIP	ORLANDO FL 32828
21 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MAIERHOFFER HENRY F JR
23 STREET ADDRESS	314 LEXING-DALE DR
24 CITY - ST - ZIP	ORLANDO FL 32828
31 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KALMANIR AUN
33 STREET ADDRESS	314 LEXING-DALE DR
34 CITY - ST - ZIP	ORLANDO FL 32828
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry F. Maierhoffer Sr* **HENRY F. MAIERHOFFER** 4-8-95 407 275-8993
(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)