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

FILED PROFIT May 06 1997 8:00am FLORIDA DEPARTM CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # CMR Really Investments, Principal Piace of Business Maring Address 110 5. Lakewood Suite 2-1 Brandon, Florida 33511 3. Date incorporated or Qualified 3a. Date of Last Report 2. Principa: Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite Ant # etc Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation has liability for intangible tax under a. 199.032, 29 Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 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 cfines 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. In family with a subject of the submit of the purpose of changing its registered agent. In the State of Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 96/6) THE 1.1 TITLE Change Addition 1.2 NAME NAMi STREET ACIDRESS 1.3 STREET ADDRESS 14 CITY-ST-ZIP CHTY - ST. ZIP DELETE Hilli 21 TITLE ___ Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ACORESS 2. 4 CITY - \$1 - ZIP MIL DELETE 3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS STREET AUGRESS 3.4 CITY-ST-ZIP DELETE Addition 4.1 TITLE TIFLE 4.2 NAME NAM: STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP DELETE 5 1 TITLE TILLE 5.2 NAME STREET FAICHLISS **53 STREET ADDRESS** 5.4 CITY - ST - ZIP DELETÉ 61 TITLE 800002178748 -05/14/97--01102--035 62 NAME **63 STREET ADDRESS** STREET MODELS! ***165.00 64 City - ST- ZIP 14. If do nereby could that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arimual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficiency 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