

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

**APPROVED AND FILED**

**95 APR 25 AM 9:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 618544 (1)**

1. Corporation Name  
**C & M BUILDERS, INC.**

Principal Place of Business      Mailing Address

**401 W LINTON BLVD STE 200  
DELRAY BEACH FL 33444**      **401 W LINTON BLVD STE 200  
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>1520 NEPTUNE DR.</b>		26 <b>1520 NEPTUNE DR.</b>		<b>04/24/1979</b>	<b>01/27/1994</b>
22 <b>SUITE D</b>		27 <b>SUITE D</b>		4. FEI Number	Applied For
23 <b>Boynton Bch, FL</b>		28 <b>Boynton Bch, FL</b>		<b>59-1910975</b>	Not Applicable
24 <b>3342 W</b>		29 <b>3342 W</b>		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
25 <b>Palmdale</b>		30 <b>Palmdale</b>		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
26 <b>FL</b>		27 <b>FL</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COURCHESNE, YVES 301 OREGON LN BOCA RATON FL 33487</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Yves Courchesne, Pres.* **NO CHANGE** DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURCHESNE, YVES</b>	1.2 NAME	
STREET ADDRESS	<b>301 OREGON LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COURCHESNE, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>301 OREGON LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(4), 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, respectively, or on an attachment with an address.

SIGNATURE: *Yves Courchesne, Pres.* / 4.19.95 / 35.9030 (407)

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR