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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

625667

(1)

DOCUMENT # 1. Corporation Name C.L.M., INC.

Principal Pla	ce of Business

Mailing Address

11805 N ARMENIA AVE TAMPA FL 33612

11805 N ARMENIA AVE



2 Principal D	lace of Business						3. Date Incorporated 06/13/1979	or Qualified	3a. Date	of Las 3/23/1	
21	lace of Business	þ	Mailing Address				4. FEI Number				Applied For
Suite, Apt.	# elc	26	Color Assistant				59-1961089)			Not Applicat
22		27	Suite, Apt. #, etc			5. Certificate of Status	s Desired			75 Additional ee Required	
City & State	е		City & State				6. Election Campaign	Emancino			
23		28					Trust Fund Contrib			OG MA	.00 May Be ded to Fees
Zιρ	Country	Ĺ,	Zip	Co	ountry		8. This corporation ha	s liability for i	ntanoible ta		
24	25	29		30			Florida Statutes	🔀 Yes	□ No		0 103.002,
	9. Name and Address of Curre	ent Registe	ered Agent		<u> </u>		10. Name and Addre	ss of New R	egistered /	Agent	
CACE C	SECULD B				81 1	lame					
	ERALD R.				82 5	treet Addre	ess (P.O. Box Number is N	lot Acceptabl	(a)		
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tampa f	-L 33612				83						
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or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Soc	2 and 607. ida. Such d	.1508, Florida Statut change was authoriz	es, the ab	ové nan	ied corpora	tion submits this statemen	it for the purp		nging it	s registered offi
SIGNATURE	h, and accept the obligations of, Soc Signature, typed or printed name of registered agree			-	•	0,00	and thereby doc	∞ул ане а ррО	∞icinentas i	register	ed agent. Lam
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or hereby certify that the information supplied with this fing 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 appears in Block 12 or Block 13 if chapter 1, or on an attachment with an address.

SIGNATURE:

Jenela Haley
IIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

4/29/96 (813) 935.7766

CR2E034 (12/95)