

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sally A. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850512**

1. Corporation Name

CMS INVESTMENT RESOURCES, INC.

Principal Place of Business

**1926 ARCH ST.
PHILADELPHIA, PA 19103**

Mailing Address

**1926 ARCH ST.
PHILADELPHIA, PA 19103**

2. Principal Place of Business

21 Suite, Apt. # etc

2a. Mailing Address

26 Suite, Apt. # etc

22 City & State

27. City & State

23 Zip

28. Zip

24 County

29. County

30. County

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE:

(Signature typed or printed) (Signature typed or printed) (Signature typed or printed)

(Signature typed or printed) (Signature typed or printed) (Signature typed or printed)

(Signature typed or printed) (Signature typed or printed) (Signature typed or printed)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14.	
Officer	Name Street Address City, St., Zip	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Officer	Name Street Address City, St., Zip	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 607.0506, Florida Statutes. I further certify that the information indicated on the 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 trustee 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 set an attachment with an address.

SIGNATURE:

(Signature and Type or Print Name of Signing Officer or Director)

150

AS
Capital Trustee