

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F15982** (4)  
1. Corporation Name  
**CMF HOLDING CORPORATION**



Principal Place of Business <b>Thomas J Fanuzzi Jr</b> 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1312	Mailing Address <b>Thomas J Fanuzzi Jr</b> 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1312
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 27 <b>Thomas J Fanuzzi Jr</b> 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1312 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/23/1981</b>	
				4. FEI Number <b>59-2064314</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PATRICIA MALAVE</b> 4808 N. LOIS AVE. TAMPA FL 33614				10. Name and Address of New Registered Agent 81 Name <b>THOMAS J. FANUZZI JR</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2354 TREASURE ISLE DR</b> 83 <b>PALM BEACH GARDENS FL</b> 84 City 85 Zip Code <b>FL 33410</b>			
--	--	--	--	---	--	--	--

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 *Thomas J Fanuzzi Jr* **ST 2-4-98** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARAMAGNO, DOMINIC</b>			1.2 NAME			
STREET ADDRESS	<b>1 LOFT LANE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DIX HILLS NY</b>			1.4 CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FANUZZI, THOMAS JR.</b>			2.2 NAME			
STREET ADDRESS	<b>2354 TREASURE ISLE DRIVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>AST</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MALAVE, PATRICIA</b>			3.2 NAME			
STREET ADDRESS	<b>4808 N. LOIS AVE.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas J Fanuzzi Jr* **ST 2/4/98**

CR2E034 (10/97)