FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003162

1. Corporate Name
CORPORATE MANAGEMENT ADVISERS, INC
d/b/a CORPORATE MANAGEMENT ADVISERS OF DELAWARE, INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/91
3a. Date of Last Report: 4/28/94

2. Principal Place of Business
21 ONE N. UNIVERSITY DR
22 Suite, Apt. #, etc. #400 A
23 City & State PLANTATION, FL
24 Zip 33324 | 25 County

2a. Mailing Address
26 ONE N. UNIVERSITY DR
27 Suite, Apt. #, etc. #400A
28 City & State PLANTATION, FL
29 Zip 33324 | 30 County

4. FEI Number: 65-0333119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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 _____ (Typed or printed name of registered agent and, if applicable, the office) (NOTE: Registered Agent's signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	CAPORELLA, NICK A.	12 NAME	200001485292
STREET ADDRESS	ONE N. UNIVERSITY DR	13 STREET ADDRESS	-05/12/95--01020--022
CITY ST ZIP	PLANTATION, FL 33324	14 CITY ST ZIP	****208.75 ****208.75
TITLE	AS/T	21 TITLE	☐ Change ☐ Addition
NAME	GRANT, EDWARD L.	22 NAME	
STREET ADDRESS	ONE N. UNIVERSITY DR	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL 33324	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MADDEN, MARGARET	32 NAME	
STREET ADDRESS	ONE N. UNIVERSITY DR	33 STREET ADDRESS	
CITY ST ZIP	PLANTATION, FL 33324	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/1/95 MST

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 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 above, or on an attachment with an address.

SIGNATURE: Edward L. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD L. GRANT

4/24/95
Date

Daytime Phone #