FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000001252 (4)**

1. Corporation Name

CMI BUSINESS SERVICES, INC.

Principal Place of Business
4340 CAMPUS DR. #209
NEWPORT BEACH CA 92660

Mailing Address
4340 CAMPUS DR. #209
NEWPORT BEACH CA 92660

3. Date Incorporated or Qualified: 03/16/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2 BALMORAL DRIVE
Suite, Apt. #, etc.
22
City & State
23 Niceville, FL
Zip 24 32578 Country 25 USA

2a. Mailing Address
26 2 BALMORAL DRIVE
Suite, Apt. #, etc.
27
City & State
28 Niceville, FL
Zip 29 32578 Country 30 USA

4. FEI Number: APPLIED FOR 91-0936121 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KRAUSE, RICHARD
1234 AIRPORT ROAD #123
DESTIN FL 32541

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 ______ DATE ______ Registered Agent signature required when reinstating ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PDT ☐ DELETE
NAME	MARSZALK, GRETCHEN B
STREET ADDRESS	950 CAGNEY LANE #101
CITY-ST-ZIP	NEWPORT BEACH CA
TITLE	VSD ☐ DELETE
NAME	MARSZALK, STANLEY C
STREET ADDRESS	950 CAGNEY LANE #101
CITY-ST-ZIP	NEWPORT BEACH CA
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	☒ Change ☐ Addition
1.2 NAME	MARSZALK, GRETCHEN B	
1.3 STREET ADDRESS	2 BALMORAL DRIVE	
1.4 CITY-ST-ZIP	Niceville, FL 32578	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	MARSZALK, STANLEY C	
2.3 STREET ADDRESS	2 BALMORAL DRIVE	
2.4 CITY-ST-ZIP	Niceville, FL 32578	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 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: Gretchen B Marszalk (GRETCHEN B. MARSZALK, Pres) 2-2-96 9048972267 ~~904 [illegible]~~ gmw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #