

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 APR 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96534 (5)

1. Corporation Name
CSMC, INC.

Principal Place of Business
**73 W. COLONIAL DRIVE
ORLANDO FL 32801
US**

Mailing Address
**73 W. COLONIAL DRIVE
ORLANDO FL 32801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1982

3a. Date of Last Report
02/23/1994

4. FEI Number
59-2213865

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

2. Principal Place of Business
21 **4498 S. Vineland Rd.**
Suite, Apt. #, etc.
22
City & State
23 **Orlando, FL 32811**
Zip Country
24 **32811 USA**

2a. Mailing Address
26 **4498 S. Vineland Rd.**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL 32811**
Zip Country
29 **32811 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADLEY R CHASE
73 W. COLONIAL DRIVE
ORLANDO FL 32801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4498 S. Vineland Road
83
84 City **Orlando** FL 85 Zip Code **32811**

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 **Bradley Chase**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SCHILL, ARTHUR**
STREET ADDRESS **2850 SCHERER, STE 500**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE **PD**
NAME **CHASE, BRAD**
STREET ADDRESS **120 N SPRING LAKE DR**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

TITLE **D**
NAME **MESSER, CARL**
STREET ADDRESS **2885 LAPEER ROAD**
CITY - ST - ZIP **AUBURN HILLS MI**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 110.07(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: **Bradley Chase** **Bradley Chase**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

DATE

407-246-1567

TELEPHONE