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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

F96534

(5)

CSMC, INC.

Feb 29, 1996 08:00 AM **Secretary of State**

FILED

1													
Principal Place of Business Mailing Address									t nammes und name Burde drieb tillt atte filbit biblt biblt biblt biblt biblt				
4498 S. VINELAND ROAD ORLANDO FL 32811 US 2. Principal Place of Business				4498 S. VINELAND ROAD ORLANDO FL 32811 US									
								3. Date Incorporated or Qualified 3a. Di 08/23/1982		Pate of Last Report 04/28/1995			
			28.	Mailing Address		4. FEI Number		Applied For					
21 26			26				59-2213865			Not Applicable			
Suite, Apt. #, etc 22			27	Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
23	City & State		28	Orty & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip i	Country 25	29	Zip	30 Cc	untry		8.	This corporation has liability for in Florida Statutes Yes	intangible No	tax under s 199.032,		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
BRADLEY R CHASE 4498 S. VINELAND ROAD ORLANDO FL 32811						81 82 83	12 Street Address (P.O. Box Number is Not Acceptable)						
							City				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 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 o', Section 607,0505, Florida Statutes.

SIGNATURE										
Signature, by it in or prices mank of rejisters diagratical distribution of agreemable (NOTE Registered Agent signature required when renstating) DATE										
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
11116	D	DELETE	1. 1 TITLE		Change	Addition				
NAME	Schell, arthur		1.2 NAME							
STHEET ADDRESS	2850 SCHERER, STE 500		1.3 STREET ADDRESS							
CI39 - S1 - ZIP	St Petersburg FL		1.4 CITY-ST-ZIP							
1171.6	PD	□ DELETE	2 1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change	Addition				
NAME	Chase, Brad		2 2 NAME			_				
STREET ADDRESS	120 N SPRING LAKE DR		2.3 STREET ADDRESS							
CIY SI-7P	ALTAMONTE SPRINGS: FL		2 4 CITY - ST - ZIP							
T T1F	D	DELETE	3 1 TITLE		☐ Change	■ Addition				
NAME	MESSER, CARL		3.2 NAME							
STREET ADDRESS	2685 LAPEER ROAD		3.3 STREET ADDRESS							
CITY-ST-ZIF	AUBURN HILLS MI		3 4 City - St - ZiP							
TITLE		☐ DELETE	4 1 THILE	The state of the s	Change	☐ Addition				
NAME			4 2 NAME							
STHEFT ADDRESS			4.3 STREET ADDRESS							
CHY-ST ZIP			4.4 CITY - ST - ZIP							
TIPLE.		DELETE	5 1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREET ADDRESS							
CITY - ST - ZIP			5.4 CITY - ST - ZIP							
TITLE		DELETE	6. 1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
City-St-Zif			6 4 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 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR Chase 2/26/96

407-246-1567 Daytime Phone #