

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002641 (5)
1. Corporation Name
COMMUNITY MANAGEMENT INVESTORS CORPORATION



Principal Place of Business 2 PONDS EDGE DRIVE PO BOX 500 CHADDS FORD PA 19317	Mailing Address 2 PONDS EDGE DRIVE PO BOX 500 CHADDS FORD PA 19317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 Pond's Edge Drive, P.O. Box 999 Suite, Apt. #, etc. 22 Chadds Ford, PA City & State 23 Zip 19317 Country USA		2a. Mailing Address 26 2 Pond's Edge Drive, P.O. Box 999 Suite, Apt. #, etc. 27 Chadds Ford, PA City & State 28 Zip 19317 Country USA		3. Date Incorporated or Qualified 05/19/1997	
		4. FEI Number 23-2901425		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		6. 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BRUCE E	1.2 NAME	
STREET ADDRESS	2 PONDS EDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	1.4 CITY-ST-ZIP	
TITLE	WC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVINCO, PHILLIP C	2.2 NAME	
STREET ADDRESS	2 PONDS EDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	2.4 CITY-ST-ZIP	
TITLE	WC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNOR, JOSEPH W	3.2 NAME	
STREET ADDRESS	2 PONDS EDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JANET L	4.2 NAME	
STREET ADDRESS	2 PONDS EDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317	4.4 CITY-ST-ZIP	
TITLE		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		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, changed, or on an amendment with an address.

SIGNATURE _____ DATE APR 21 1998

CR2E034 (10/97)