

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 003 ***158.75

DOCUMENT # F97000002641

1. Corporation Name

COMMUNITY MANAGEMENT INVESTORS CORPORATION



Principal Place of Business

2 PONDS EDGE DRIVE
P.O. BOX 999
CHADDS FORD PA 19317
US

Mailing Address

2 PONDS EDGE DRIVE
P.O. BOX 999
CHADDS FORD PA 19317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

23-2901425

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 2 Pond's Edge Drive

Suite, Apt. #, etc.

City & State

23 Chadds Ford, PA

Zip

24 19317

Country

25 USA

2a. Mailing Address

26 P.O. Box 999

Suite, Apt. #, etc.

City & State

28 Chadds Ford, PA

Zip

29 19317

Country

30 USA

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

Joseph W. Gaynor, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2637 McCormick Drive

83 Suite

Suite B

84 City

Clearwater

FL

85

Zip Code

33759

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

4/20/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEOP

MOORE, BRUCE E

2 PONDS EDGE DRIVE

CHADDS FORD PA 19317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VVC

GIOVINCO, PHILLIP C

2 PONDS EDGE DRIVE

CHADDS FORD PA 19317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VVC

GAYNOR, JOSEPH W

2 PONDS EDGE DRIVE

CHADDS FORD PA 19317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

JOHNSON, JANET L

2 PONDS EDGE DRIVE

CHADDS FORD PA 19317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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