SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F98000001867₁

CM INTERNATIONAL SHOPPES II, INC.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90016 010 ***550.00



11200 ROCKVILLE MD 20852 11200 ROCKVILLE MD 20852 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 04/01/1998 2. Principal Place of Business 2a. Mailing Address 2b. Attention Wile White APPLIED FOR 57-20 9200 Suite, Apt. #, etc. 2ci	Applied For
DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 04/01/1998 2. Principal Place of Business 2a. Mailing Address 25 Attention Wile White APPLIED FOR 52-20923 Suite, Apt. #, etc. 27 II 200 Rockville Pike, 5th Fl. City & State 28 KOCKVILLE Maryland Trust Fund Contribution Zip Country 25 29 20852 30 USA 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 04/01/1998 4. FEI Number APPLIED FOR 52-20923 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
3. Date Incorporated or Qualified 04/01/1998 2. Principal Place of Business 2a. Mailing Address 25 Attention Wile White Suite, Apt. #, etc. 27 I 1200 Rock Wille Pike, 5th Fl. City & State City & State 28 KOCK VIII & Maryland Zip Country 29 20 85 2 30 85 2 30 85 2 30 85 2 30 Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 3. Date Incorporated or Qualified 04/01/1998 4. FEI Number APPLIED FOR 57 20 92 33 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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City & State 28 Country Zip Zip Zip Zip Zip Zip Zip Zi	\$5.00 May Be Added to Fees
23	Added to Fees
Zip Country Zip	
24 25 29 20 85 30 USA Intangible Personal Property. 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Yes X No
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	100 110
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PLANIA IIUN FL 333243	
84 City	85 Zip Code
Live Control of the C	<u> </u>
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 chall be appointed to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chall be appointed to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chall be appointed to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chall be appointed to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chall be appointed to the purpose of	nging 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 appointing agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.	mem as registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	<u> </u>
TITLE COBD DELETE 1.1 TITLE DC	S Change ☐ Addition
NAME DOCKSER, WILLIAM B 1.2 NAME	
STREET ADDRESS 11200 ROCKVILLE PIKE 1.3 STREET ADDRESS	
CITY-ST-ZIP ROCKVILLE MD 20852 1.4 CITY-ST-ZIP	
TITLE PD DELETE 2.1 TITLE	Change Addition
NAME WILLOUGHBY, H. W 2.2 NAME	
STREET ADDRESS 11200 ROCKVILLE PIKE 2.3 STREET ADDRESS	
CITY-ST-ZIP ROCKVILLE MD 20852 2.4 CITY-ST-ZIP	
TITLE D SOPETE 3.1 TITLE DV	Change 😾 Addition
NAME BLOCHER, ANDREW P 32 NAME CUNTINA O. ATTACA	
STORT SPORTS 11200 ROCKVILLE PIKE	
CITY-ST-ZIP ROCKVILLE MD 20852 34 CITY-ST-ZIP ROCKVILLE, Maryland 20852	2
TITLE V DELETE 4.1 TITLE	Change Addition
NAME HANSON, BRIAN L 4.2 NAME	
STREET ADDRESS 11200 ROCKVILLE PIKE 4.3 STREET ADDRESS	
DOCKALLE ND 20053	
SATING.	Change Addition
	_ Shango Addition
NAME COOPER, DOUGLAS L	ļ
NAME COOPER, DOUGLAS L STREET ADDRESS 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS 5.3 STREET	
NAME COOPER, DOUGLAS L 52 NAME STREET ADDRESS 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 5.4 CITY-ST-ZIP	ا ''ست ا
NAME COOPER, DOUGLAS L 52 NAME STREET ADDRESS 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 5.4 CITY-ST-ZIP	Change Addition
NAME COOPER, DOUGLAS L 52 NAME STREET ADDRESS 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 5.4 CITY-ST-ZIP	Change Addition
NAME COOPER, DOUGLAS L STREET ADDRESS 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 TITLE V DELETE 5.1 TITLE DOUGLA B. ADDRESS COOPER DOUGLAS L 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE DOUGLA B. ADDRESS COOPER DOUGLAS L 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition

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 if changed, or on an attackment with an address.

SIGNATURE:

301-816-2300