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**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G43988** (6)
1. Corporation Name
CMT FLORIDA RESIDENTIAL SERVICES, INC.



Principal Place of Business
**7130 ESTERO BLVD
ATTN E KLEMENTS
FT. MYERS FL 33931
US**

Mailing Address
**P O BOX 6800
ATTN E KLEMENTS
CLEARWATER FL 34618-6800
US**

3. Date Incorporated or Qualified **06/16/1983** 3a. Date of Last Report **04/09/1996**

4. FEI Number **13-3170879** 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 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**MORRIS A LECOMPTE, ESQ
100 SECOND AVENUE
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **Jill Fisher Powers-Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)
19353 US HWY 19 N.

83 **Suite 100**

84 City **Clearwater** FL 85 Zip Code **34624**

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 **Jill Fisher Powers, Esquire** (NOTE: Registered Agent signature required when reinstating) DATE **2/22/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD	
STREET ADDRESS	19353 US HWY 19 N SUITE 100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TOOKE, EDWIN C.	
STREET ADDRESS	19353 US HWY 19 NORTH SUITE 100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G.	
STREET ADDRESS	7100 COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 NORTH SUITE 100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONN, DAVID C	
STREET ADDRESS	7130 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Conn, David C.
5.3 STREET ADDRESS	4061 Bonita Beach Rd. #207
5.4 CITY-ST-ZIP	Bonita Springs, Fl. 34134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: **Lewis A. Sticco** *L.A. Sticco* (813) 538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)