

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

RECEIVED AND FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G73156** (3)
1. Corporation Name
CM'S PLACE, INC.

Principal Place of Business: **10754 70 AVENUE N SEMINOLE FL 34642**
Mailing Address: **10754 70 AVENUE N SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1984** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2365281** 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
7. Director, 2001-2002 has liability for election law under § 100.01(2)(b) Florida Statutes: Yes No

2. Existing and Former Offices:
21. Office #1: **10754 70 AVENUE N SEMINOLE FL 34642**
22. Office #2:
23. Office #3:
24. Office #4:
25. Office #5:
26. Office #6:
27. Office #7:
28. Office #8:
29. Office #9:
30. Office #10:

9. Name and Address of Current Registered Agent
**LEE, JAMES W
11578 TRADEWINDS BLVD.
LARGO FL 34643**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.1505, Florida Statutes, the above named corporation submits the 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, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, STATE, ZIP	P LEE, CLIFTON M 11246 68TH AVE N SEMINOLE FL 34642	13.1 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, STATE, ZIP	VP LEE, CLIFTON M. J 7590 PINE VALLEY LANE SEMINOLE FL	13.2 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, STATE, ZIP		13.3 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, STATE, ZIP		13.4 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, STATE, ZIP		13.5 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, STATE, ZIP		13.6 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, STATE, ZIP		13.7 TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.05(1)(b), Florida Statutes. I further certify that the information included on the 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 treasurer of the corporation or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1-A, of the report, or on an attachment with an address.

SIGNATURE: *Clifton M. Lee Jr.* **CLIFTON M. LEE JR. (V.P.)** 4-30-95 813-398-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR