FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H05497** **(3)**

1. Corporation Name

CMSB ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% PEOPLES BANK. CORP. TAX DEPT. 850 MAIN ST.. 15-586 BRIDGE PORT CT 06604	% PEOPLES BANK. CORP. TAX DEPT. 850 MAIN ST.. 15-586 BRIDGE PORT CT 06604

3. Date Incorporated or Qualified: **05/29/1984**

3a. Date of Last Report: **06/23/1995**

4. FEI Number: **06-1114188** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1538, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARSON, DAVID E.A.		1.2 NAME		
STREET ADDRESS	850 MAIN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	MERRITT, SUSAN LENNON		2.2 NAME	WILLIAM MARTIN	
STREET ADDRESS	850 MAIN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MELLO, CARLOS R.		3.2 NAME		
STREET ADDRESS	850 MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	RICCI, FRANCES		4.2 NAME	GEORGE MORRIS	
STREET ADDRESS	850 MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRESTOVAN, PETER M.		5.2 NAME		
STREET ADDRESS	850 MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUCNIS, EDWARD		6.2 NAME		
STREET ADDRESS	850 MAIN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplement to 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 attached sheet, with an address.

SIGNATURE: Carlos R. Mello 3-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)