

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H05497 (3)
1. Corporation Name
CMSB ENTERPRISES OF FLORIDA, INC.

Principal Place of Business % PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT CT 06604	Mailing Address % PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT CT 06604-4917
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/29/1984	3a. Date of Last Report 04/03/1996
4. FEI Number 06-1114188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0502 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: If registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM	2.2 NAME	
STREET ADDRESS	850 MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GEORGE	4.2 NAME	
STREET ADDRESS	850 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Carlos R. Mello

CR2E034 (9/96)