FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H34272** **(5)**

1. Corporation Name

CORPORATE MANAGEMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
% FRANK C. WHIGHAM 785 DOUGLAS AVENUE, SUITE #131 ALTAMONTE SPRINGS FL 32714	% FRANK C. WHIGHAM 785 DOUGLAS AVENUE, SUITE #131 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 785 Douglas Ave.
22 Suite, Apt. #, etc.
23 City & State: Altamonte Springs, FL
24 Zip: 32714
25 Country: USA

2a. Mailing Address
26 785 Douglas Ave.
27 Suite, Apt. #, etc.
28 City & State: Altamonte Springs, FL
29 Zip: 32714
30 Country: USA

4. FEI Number: 59-2472836 ☐ 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

9. Name and Address of Current Registered Agent

WHIGHAM, FRANH C.
200 WEST FIRST STREET
SUITE 22, SUN BANK BLDG
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: Brad Hollingsworth
82 Street Address (P.O. Box Number is Not Acceptable): 785 Douglas Avenue
83
84 City: Altamonte Springs **FL** 85 Zip Code: 32714

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] Brad Hollingsworth 04/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLINGSWORTH, BRAD	12 NAME	HOLLINGSWORTH, BRAD	
STREET ADDRESS	202 CHURCHILL DRIVE	13 STREET ADDRESS	1356 CLASSIC CT., N.	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	LONGWOOD, FL 32779	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	KUIPER, BRUCE A.	22 NAME		
STREET ADDRESS	800 PALMER AVENUE	23 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	COWAN, CHARLES, B.	32 NAME		
STREET ADDRESS	869 SILVERWOOD DR	33 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: [signature] Brad Hollingsworth 04/24/95 407/869-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030306 CP