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PROFIT * CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCLIMENT #

(5)

CORPORATE MANAGEMENT ADVISORS, INC.											
Principal Place of Business 785 DOUGLAS AVE 785 DOUGLAS AVENUE. SUITE #131			aing Address 785 Souglas ave 785 Douglas avenue. Suite #131								
ALTAMONTE SI US	PRINGS FL 32714		altamonte spring US	S FL 32714		3. Da	ate Incorporated or Qualifie 12/17/1984	ed 3a . Da	te of Last R 04/27/19	995	
. Principal Place	of Business	F1	Mailing Address			4. F8	1 Number 59-2472836		L	Applied For Not Applicable	
Suite, Apt. #, e	etc.	F1	Suite, Apt. #, etc.			5. C	ert-ficate of Status Desired			Additional Required	
City & State		b	City & State				lection Campaign Financing	g 🗆		May Be	
Zip	Country	 1	Zip	Cour	ntry	8. Ti	nis corporation has liability	for intangible Yes \[\] No	tax under s	199.032,	
<u> </u>	9. Name and Address of Curren	29	ered Anent	1301		10. N	lame and Address of Ne	w Registere	d Agent		
:	9. Name and Address of Curren	ı. negisti	ered Ageill		81 Name						
	OLLINGSWORTH				82 Street	Address (P.O	, Box Number is Not Acce	ptable)			
785 DOUGLAS AVE SUITE 22, SUN BANK BLDG					83						
SUITE 22	NTE SPRINGS FL 32714				84 City		85		'ıp Code		
11. Pursuant to the provisions of Sections 607.0::02 and 6					- '			F			
						natural who deli	omits this statement for the octors. I hereby accept the	TATE			
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(8). 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:

Brad Hollingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407)869-1817