SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H79827** **(2)**

1. Corporation Name
CM SQUARED, INC.

Principal Place of Business
1746 SE 46TH LANE
CAPE CORAL FL 33904

Mailing Address
1746 SE 46TH LANE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified: **10/02/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 19607 VINTAGE TRACE CR
Suite, Apt #, etc 22
City & State 23 FT MYERS, FL
Zip 24 33912 Country 25

2a. Mailing Address
26 19607 VINTAGE TRACE CR
Suite, Apt #, etc 27
City & State 28 FT MYERS, FL
Zip 29 33912 Country 30

4. FEI Number: **59-2601371** 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 TO REPORT ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
RIECK, HAROLD R
1746 SE 46TH LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 19607 VINTAGE TRACE CR
83
84 City FT MYERS FL 85 Zip Code 33912

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: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RIECK, HAROLD	
STREET ADDRESS	1746 SE 46TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DO	☐ DELETE
NAME	RIECK, MARY E.	
STREET ADDRESS	1746 SE 46TH LANE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	☐ DELETE
NAME	AYERS, MICHAEL	
STREET ADDRESS	5598 WOLF CREEK PK	
CITY-ST-ZIP	TROTWOOD OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	19607 VINTAGE TRACE CR	
1.4 CITY-ST-ZIP	FT MYERS, FL 33912	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	19607 VINTAGE TRACE CR	
2.4 CITY-ST-ZIP	FT MYERS, FL 33912	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Rieck 6/9/96 941-267-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY E. RIECK