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 MAY -1 PM 3:58
TALLAHASSEE, FLORIDA

DOCUMENT # **J24226** **(9)**

1. Corporation Name
CEM-J CORP.

Principal Place of Business	Mailing Address
~~W. FENIMORE COOPER, JR.~~ ~~17 S. MAGNOLIA~~ ~~ORLANDO FL 32801~~	~~W. FENIMORE COOPER, JR.~~ ~~17 S. MAGNOLIA~~ ~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1986**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business	2a. Mailing Address
21 1302 BELLEAIRE CIR.	26 1302 BELLEAIRE CIR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FLORIDA	28 City & State: ORLANDO FLORIDA
24 Zip: 32804 25 Country	29 Zip: 32804 30 Country

4. FEI Number: **NOT APPLICABLE** ☐ 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

COOPER, FENIMORE, JR.
17 S. MAGNOLIA
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: COOPER, FENIMORE, JR. STREET ADDRESS: 17 SOUTH MAGNOLIA CITY-ST-ZIP: ORLANDO FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: VD NAME: YOUNGBLOOD, ELMER STREET ADDRESS: 4243 DOWN POINT LANE CITY-ST-ZIP: WINDEMERE FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: STD NAME: JONES, HUGH J., JR. STREET ADDRESS: 1302 BELLEAIRE CIRCLE CITY-ST-ZIP: ORLANDO FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

500001489885
-05/17/95--01016--008
****225.00 ****225.00

5-1-95 tcg.

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 in an attachment with an address.

SIGNATURE: Hugh J. Jones Jr. Sec/Treas 5-10-95 407 422 5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082984 CP