

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K67544** (2)

1. Corporation Name
C.M.S. STUART, INC.



Principal Place of Business: **C/O CLIFFORD M. STEIN, 5345 PINETREE DRIVE, MIAMI BEACH FL 33140**
Mailing Address: **C/O CLIFFORD M. STEIN, 5345 PINETREE DRIVE, MIAMI BEACH FL 33140**

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

3. Date Incorporated or Qualified 02/22/1989	3a. Date of Last Report 04/10/1995
4. FEI Number 65-0101592	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEIN, CLIFFORD M.
5345 PINETREE DRIVE
MIAMI BEACH FL 33140**

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 legal entity, if applicable

Signature, typed or printed name of registered agent and legal entity, if applicable

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

305-866-1546

CR2E034 (12/95)