

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg 1

97 JUL 31 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K71873 (9)
1. Corporation Name
CJM TRUST CORPORATION

Principal Place of Business Mailing Address
1901-6 HIGHWAY A1A 1901-6 HIGHWAY A1A
INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1528 Palm Bay Rd U.E.		26 Same	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Palm Bay, FL		28 City & State	
24 Zip 32937		29 Country USA	
25 Country		30 Country	

3. Date Incorporated or Qualified 03/10/1989	3a. Date of Last Report 01/23/1996
4. FEI Number NOT APPLICABLE	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VILLE, JEFFREY A. 1901-6 HIGHWAY A1A INDIAN HARBOUR BEACH FL 32937		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number) 500002257875--6		
83	-03/05/97--01044--016 *****165.00 *****165.00		
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLE, MIKE	1.2 NAME	
STREET ADDRESS	1901 S. HARBOR CTY. BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLE, JEFF	2.2 NAME	
STREET ADDRESS	1901 S. HARBOR CITY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DARWIN, JR.	3.2 NAME	
STREET ADDRESS	1901 S. HARBOR CITY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 REQUIRED

CR2E034 (4/97)

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LAW OFFICES
**ALPIZAR,
VILLE, TORRES &
CAMFIELD**

ATTORNEYS

O. JOHN ALPIZAR, P.A.

JEFFREY A. VILLE, P.A.

JAMES L. TORRES, P.A.

GRAY M. CAMFIELD, P.A.

July 24, 1997

LEGAL ASSISTANTS

FRANK J. MUNRO

DENNIS C. BICKFORD

RALPH G. BILLINGS

OFFICE MANAGER

SUSAN VEGE

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: CJM TRUST CORPORATION

Dear Sirs:

PERSONAL INJURY
WRONGFUL DEATH
WORKERS'
COMPENSATION
MEDICAL
MALPRACTICE

Please find enclosed the second annual report that I have supplied you as concerns CJM Trust Corporation. I have enclosed my check in the amount of \$165.00. I previously supplied you the completed profit corporation annual report as well as a check in the above stated amount. For some reason I never got my check returned that it was cashed nor have I received any documentation from the State that you received my annual report.

I have now received a 1997 profit corporation annual report packet with second notice stamped on it. I do not understand why I am receiving this as I had previously supplied same to you.

I have stopped payment on my previous check and I am now submitting another check in the initial amount of \$165.00. I would appreciate an explanation as to why my initial check was not cashed and also as to why the initial annual report I submitted was not acknowledged.

REPLY TO: 1528 PALM BAY ROAD, N.E. PALM BAY, FLORIDA 32905

1901-6 HIGHWAY A1A INDIAN HARBOUR BEACH, FLORIDA 32937

TELEPHONE (407) 676-2511 FACSIMILE (407) 723-8077

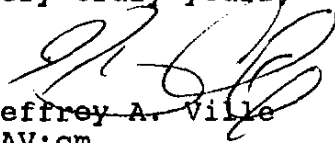
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I look forward to hearing from you soon. If for some reason you will not accept the enclosed check and annual report, please immediately contact me as I do not wish to incur any further filing fee charges concerning same. I have done all I can do to properly submit the documentation to you but for whatever reason it apparently has not been received by you.

Thank you.

Very truly yours,



Jeffrey A. Ville
JAV:cm

Enclosure