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.)

appears in Block 12 or Block 13 if changed, or on an attrichment with an address.

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # K92054 (1) CMR SERVICE GROUP, INC. Principal Place of Business Mailing Address 1014 PENNSYLVANIA AVE -1014 PENNSYLVANIA AVE ST. OLOUD FL 34769 9T: OLOUD FL-94769 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1989 4. FEI Number 08/27/1996 2. Principal Place of Business Applied For P.O. Box 21 2128 Michigan Hue 59-2950521 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Kissimmee Missimmee 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Yes Personal Property Tax due June 30. dress of Current Registered Agent Name and Address of New Registered Agent Name H.J. SWART & COMPANY C.P.A. 921 N. MAIN STREET Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 83 84 City 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME FREEMAN, ROBERT 1.2 NAME 1636 REGAL OAK COURT STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE ☐ Change Addition TITLE **VST** 21 TITLE FREEMAN, ELISA NAME 2.2 NAME 1636 REGAL OAK COURT STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do hereby certify that the information surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 Cylapter 607, Florida Statutes; and that my name

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