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 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 46489 (4)

1. Corporation Name
CSMC OF MISSOURI INC.

Principal Place of Business	Mailing Address
3250 MARY ST. STE 500 MIAMI FL 33133	C/O TCC 3250 MARY ST. STE 500 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1987
3a. Date of Last Report: 4/25/94

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

4. FEI Number: 59-2776379 — 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	10. Name and Address of New Registered Agent
PELTE, ARVIN ESQ. 3250 MARY ST. STE 500 MIAMI FL 33133	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: _____ (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P/D	11 TITLE	☐ Change ☐ Addition
NAME	WEISSER, SHERWOOD M.	12 NAME	
STREET ADDRESS	3250 MARY ST. STE 500	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	
TITLE	D/A/S	21 TITLE	☐ Change ☐ Addition
NAME	LEFTON, DONALD E.	22 NAME	500001482905
STREET ADDRESS	3250 MARY ST. STE 500	23 STREET ADDRESS	-05/10/95--01081--015
CITY ST ZIP	MIAMI FL 33133	24 CITY ST ZIP	****200.00 ****200.00
TITLE	V/A/S	31 TITLE	☐ Change ☐ Addition
NAME	SIBLEY, PETER L.	32 NAME	
STREET ADDRESS	3250 MARY ST. STE 500	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	34 CITY ST ZIP	
TITLE	S/T/V	41 TITLE	☐ Change ☐ Addition
NAME	TEMLING, W. PETER	42 NAME	
STREET ADDRESS	3250 MARY ST. STE 500	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL. 33133	44 CITY ST ZIP	
TITLE	V/A/S	51 TITLE	☐ Change ☐ Addition
NAME	HEWITT, THOMAS F.	52 NAME	
STREET ADDRESS	3250 MARY ST. STE 500	53 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33133	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	(H)

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 on an attachment with an address.

SIGNATURE: _____ W. PETER TEMLING, V.P. 4/27/95 (305)445-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number