

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 11:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M71460 (3)**

1. Corporation Name

**CPM REALTY SERVICES, INC.**

Principal Place of Business

Mailing Address

**6801 LAKE WORTH RD  
STE 127  
LAKE WORTH FL 33467  
US**

**6801 LAKE WORTH RD  
STE 127  
LAKE WORTH FL 33467  
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

**03/10/1988**

3a. Date of Last Report

**03/14/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. File Number

**65-0056500**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

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

**GREENE, GILBERT R.  
6255-A SEVEN SPRGS BLVD  
LAKE WORTH FL 33483**

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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GREENE, GILBERT R.       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6255 A SEVEN SPRGS BLVD  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LAKE WORTH FL            | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VPS                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GREENE, SLAYNE           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6255A SEVEN SPRINGS BLVD | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LAKE WORTH FL            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                          | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 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                      |                          | 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                      |                          | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

*Gilbert R. Greene* **GILBERT R. GREENE** 4/19/95 (607) 969-7019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #