FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED	
Apr 24 1998 8:00am	ì
Secretary of State	

CPM REALTY SERVICES, INC.														
Principal Place of Business Mailing Address									T 108(00) S OF SERVING STOLE OUT REPLY OF	IBII BIBII BIBII BI	TEI ÆIÐII Ð	11011 1001		
2994 JOG RD SUITE B GREEN ACRES FL 33467 US				8	2994 JOG RD SUITE B GREENACRES FL 33467 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1988				
2. Principal Place of Business 2				2a.	2a. Mailing Address					4. FEI Number			lied For	
21				26	26				,	65-0056500		+	Applicable	
Suite, Apt. #, etc.				27	Suite, Apt #, etc.					5. Certificate of Status Desired	-	. 75 Ad ee Req	iditional uired	
City & State				28	City & State				-	Election Campaign Financing Trust Fund Contribution	_	00.6 dded to		
24	Zip						Count	try		8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent										10. Name and Address of New Regis	stered Agent	-		
GREENE, GILBERT R. 6255-A SEVEN SPGS BLVD LAKE WORTH FL 33463						L	31	Name Street Addr	ddress (P.O. Box Number is Not Acceptable)					
						8	33							
								- 1	City	(4.1819)	FL 85	Zip Co		
11	 office or r 	egistered ac	sions of Sections 607.0 gent, or both, in the Sta lith, and accept the obl	ate of Flori	da Such char	ide was auth	norized	DV 1	the corporat	poration submits this statement for the purplication's board of directors. I hereby accept t	pose of chan the appointme	ging its ent as re	registered egistered	
SIGNATURE Signature, typed or protect name of registered agent and title 4 applicable (NOTE Begistere							ng-stered A	Agen	nt signatura requi-	red when reinstating)	DATE			
12			OFFICERS A				13.			ADDITIONS/CHANGES TO OFFICER				
_	ILE .	Р			Di	ELETE	1.1 TITL	E			C	nange	Addition	
NAME GREENE, GILBERT R.						1.2 NAME								
SIREET ADDRESS 6255 A SEVEN SPRGS BLVD						1.3 STREET ADDRESS								

LAKE WORTH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME GREENE, ELAYNE 2.2 NAME 6255A SEVEN SPRINGS BLVD 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.