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 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36489** **(3)**

1. Corporation Name

CMAC OF AMERICA, INC.

Principal Place of Business	Mailing Address
MANGONIA PARK 1601 HILL AVE. W. PALM BCH. FL 33401	MANGONIA PARK 1601 HILL AVE. W. PALM BCH. FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/02/1991**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0296170** ☐ 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

LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD., #1200
W. PALM BCH. FL 33401

10. Name and Address of New Registered Agent

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 607.1506, 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 _____ 4-26-95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, DENNIS	1.2 NAME	
STREET ADDRESS	2290 HUGO ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, BYK	2.2 NAME	
STREET ADDRESS	2 WYCLIFF RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS. FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, DAVID W.	3.2 NAME	
STREET ADDRESS	3322 PINE HILL TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS. FL	3.4 CITY-ST-ZIP	
TITLE	O	4.1 TITLE	☐ Change ☐ Addition
NAME	LANOUE, ISABELLE	4.2 NAME	
STREET ADDRESS	2250 VERMONT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, DENNIS	5.2 NAME	
STREET ADDRESS	2890 HUGO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	LAGASSE, LOUIS	6.2 NAME	
STREET ADDRESS	1424 PORTLAND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	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 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: Anthony Byk Tony Byk 4/21/95 407-881-2368
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0244827 CP