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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

15TH FLOOR

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9887 FOURTH STREET NO.

ST. PETERSBURG FL 33702

2. Principal Place of Business

Suite, Apt. #, etc

City & State

P93000017132 (0)

Mading Address

P. O. BOX 42008

ST PETERSBURG FL 33742-4008

15TH FLOOR

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

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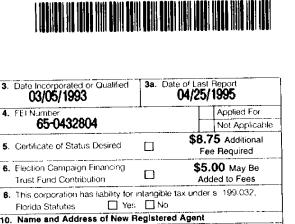
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**DOCUMENT #** 1. Corporation Name

Country

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CBM FINANCING CORP.



9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 9887 FOURTH STREET NO. 83 P. O. BOX 42008 ST PETERSBURG FL 33742 Zip Code 85 84 City

Country

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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	rotine special pode from a frequency agency fitted applied to 2005  OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1 1 TILE	Change Addition
NAME	REEVES, ROBERT H	1.2 NAME	
STREET ADDRESS	9887 FOURTH STREET NO. BOX 42008	1.3 STREET ADOR-SS	
CITY - ST-ZIP	ST PETERSBURG FL	1.4 C(I Y - ST - ZIP	
TITLE	SD DELETE	2 1 THEF	Change Addition
NAME	SHARPE, JOAN F	2.2 NAME	
STREET ADDRESS	9887 FOURTH ST. NO. BOX 42008	2 3 STREET ADDRESS	
CITY - S1 - ZIP	ST PETERSBURG FL	2.4 CtTY+S1+ZtP	Change Addition
TITLE	☐ DELETE	3 1 TIFLE	Change Additio
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		3.4 C/TY - ST - Z/P	☐ Change ☐ Additio
TITLE	☐ DEFEIE	4 1 TILLE	Change Additio
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CHTY - ST - ZIF	☐ Change ☐ Additio
TITLE	[] DELETE	5 1 Tribut	LI cuands   Li wouling
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CIEY - ST. 7P	☐ Change ☐ Additio
TITLE	☐ DELETÉ	6 1 TITLE	☐ Change ☐ Additio
NAME		6 2 NAME	
STREET ADDRESS		6.3 STREFT ADDRESS	
CITY-ST-7IP		6.4 CITY - ST- ZIP	Constitution of the state of th

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)(k). Florida Statutes. I further certify that the information indicated on this annual expert or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 6 or an attachment with an address.

SIGNATURE:

Robert H. Reeves, President 05/07/96 SIGNATURE AND TYRED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

813/576-8241