

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5!

FILED
Mar 26 1998 8:00:
Secretary of Stat

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT:
Sandra B. Mortl
Secretary of Stat
DIVISION OF CORPOR

DOCUMENT # **P93000076226 (8)**

1. Corporation Name
CMC ACQUISITIONS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

59-3241164

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOLMES, JOHN V. A
651 BRYN MAWR STREET
ORLANDO FL 32804

10. Name and Address of New Registered Agent

e
t Address (P.O. Box Number is Not Acceptable)

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abd 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 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 Stat.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered re required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **LENTZ, JAMES L.**
STREET ADDRESS **651 BRYN MAWR STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ DELETE

NAME **LENTZ, MARTHA**
STREET ADDRESS **651 BRYN MAWR STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **HOLMES, JOHN V. A.**
STREET ADDRESS **640 KILLARNEY BAY COURT**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TIT ☐ Change ☐ Addition

1.2 NA

1.3 ST

1.4 CIT

2.1 TIT ☐ Change ☐ Addition

2.2 NA

2.3 ST

2.4 CIT

3.1 TIT ☐ Change ☐ Addition

3.2 NA

3.3 ST

3.4 CIT

4.1 TIT ☐ Change ☐ Addition

4.2 NA

4.3 ST

4.4 CIT

5.1 TIT ☐ Change ☐ Addition

5.2 NA

5.3 ST

5.4 CIT

6.1 TIT ☐ Change ☐ Addition

6.2 NA

6.3 ST

6.4 CIT

14. I hereby certify that the information supplied with this filing does not qualify for the exempted 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 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 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.

CP2E034 (10/97)