

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080369 (0)

1. Corporation Name
CFMBEAA, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: 2607 S. WOODLAND BLVD.
DELAND FL 32720
Mailing Address: 2607 S. WOODLAND BLVD.
DELAND FL 32720

3. Date incorporated or organized: 11/15/1993
3a. Date of Last Report: 06/28/1994
4. FIC Number: 59-3107989
Applied For: ☐ Not Applicable
5. Certificate of Status Due Date: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
7. Does corporation have liability for information fee under 11, F.S. 111.14? ☒ Florida Statutes ☒

2. Principal Place of Business: 26. Mailing Address: 931 NSR 434, #1201
22. State Apt # etc: 1201
23. City & State: Altamonte Sps FL
24. Zip: 32751
25. Country: U.S.A.

9. Name and Address of Current Registered Agent: MALONE, WILLIAM C IV
827 MENENDEZ CT.
ORLANDO FL 32801
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number, Not Accepted): 83. City: 84. State: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), Florida Statutes, the above named corporation agrees 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 607.04(2), Florida Statutes.

SIGNATURE: (Signature of Registered Agent or New Registered Agent) (Signature of Registered Agent or New Registered Agent)

12. OFFICERS AND DIRECTORS: 13. ADMINISTRATIVE CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME: D. SCHOENE, BARBARA
STREET ADDRESS: 931 N. STATE RD. 434, STE. 1201
CITY: ALTAMONTE SPGS. FL
NAME: D. HENDRICKSON, WILLIAM M
STREET ADDRESS: 2607 SOUTH WOODLAND BLVD.
CITY: DELAND FL 32720
NAME: D. GWIAZDA, RENATA Z
STREET ADDRESS: 380 SOUTH S.R. 434, SUITE 1004
CITY: ALTAMONTE SPRINGS FL 32714

14. I, the undersigned, certify that the information supplied by this corporation is true, correct and complete, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information supplied by this corporation is true, correct and complete, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information supplied by this corporation is true, correct and complete, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: Barbara Schoene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Barbara Schoene
DATE: 4/26/95
PHONE: 407-682-5926