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Jul 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000007111 (5)

1. Corporation Name

J.C.M. INVESTMENT CORP

Principal Place of Business

4116 BEE RIDGE RD
SARASOTA FL 34233
US

Mailing Address

4116 BEE RIDGE RD
SARASOTA FL 34233-2553
US

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
07/25/1996

2. Principal Place of Business

21 C/O ATTORNEY RALPH L. FRIEDLAND

Suite, Apt. #, etc.

22 2033 MAIN ST. SUITE 100

City & State

23 SARASOTA FL

Zip

24 34237

Country

25 USA

2a. Mailing Address

26 C/O ATTORNEY RALPH L. FRIEDLAND

Suite, Apt. #, etc.

27 2033 MAIN ST. SUITE 100

City & State

28 SARASOTA FL

Zip

29 34237

Country

30 USA

4. FEI Number
65-0580542

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

CONNORS, WILLIAMS E
600 N. SHORE DR. #918
ANNA MARIA FL 34216-0918

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 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William E. Connors*

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/17/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MARTINEZ, JOE C
STREET ADDRESS 3900 S. LOCKWOOD DRIVE, SUITE 42
CITY-ST-ZIP SARASOTA FL 34230

TITLE VPD
NAME BREUER, FRANK
STREET ADDRESS 710 TARAWISSETT
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE TS
NAME CONNORS, WILLIAM
STREET ADDRESS 600 N. SHORE DR #918
CITY-ST-ZIP ANNA MARIA FL 34216-0918

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME MARTINEZ, JOE C
1.3 STREET ADDRESS P.O. Box 2599 25248 Beverly Ave.
1.4 CITY-ST-ZIP SARASOTA FL 34230 P. Charlotte FL 38492

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DPT
3.2 NAME CONNORS, WILLIAM
3.3 STREET ADDRESS 600 N. SHORE DR. #918
3.4 CITY-ST-ZIP ANNA MARIA, FL 34216-0918

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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.

CR2E034 (9/96)