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 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037048 (3)

1. Corporation Name
C & M DELIVERY, INC.

Principal Place of Business	Mailing Address
11440 OKEECHOBEE BLVD SUITE 206 ROYAL PALM BEACH FL 33411	11440 OKEECHOBEE BLVD SUITE 206 ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 152 Sunflower Circle
22 Suite, Apt. #, etc
23 City & State: Royal Palm Beach, FL
24 Zip: 33411 Country: 25

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip: Country: 30

4. FEI Number: 65-0371929 ☐ 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

KRAVITZ, BRUCE I
11440 OKEECHOBEE BLVD SUITE 206
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: KRAVITZ, BRUCE I. P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 11440 Okeechobee Blvd.
83 Suite 218
84 City: Royal Palm Beach FL 85 Zip Code: 33411

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: BL — BRUCE I. KRAVITZ — APRIL 27, 1995
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PRESIDENT CHRIS ALIMONTI 152 SUNFLOWER CIRCLE ROYAL PALM BEACH, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	SECRETARY/TREASURER JANICE ALIMONTI 152 SUNFLOWER CIRCLE ROYAL PALM BEACH, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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 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: X — SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date: 4/25/95 — Telephone Number #

0251035 CP