

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039379 (0)

1. Corporation Name

C.M. DEVELOPMENT CORPORATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

~~706 DIPLOMAT PARKWAY~~
~~HALLANDALE FL 33009~~

767 YORKSHIRE ROAD
ALLENTOWN PA 18103

~~706 DIPLOMAT PARKWAY~~
~~HALLANDALE FL 33009~~

767 YORKSHIRE ROAD
ALLENTOWN PA 18103

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0530773

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

10. Name and Address of New Registered Agent

LAW OFFICES OF ANDREW B. BLASI P.A.
7900 GLADES RD.
SUITE 445
BOCA RATON FL 33434

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D TROXELL, COLLEEN

STREET ADDRESS ~~706 DIPLOMAT PARKWAY~~ 767 YORKSHIRE RD

CITY-ST-ZIP ~~HALLANDALE FL 33009~~ ALLENTOWN PA 18103

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

4 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

2 4 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

3 4 CITY-ST-ZIP

41 TITLE

4 2 NAME

43 STREET ADDRESS

4 4 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

5 4 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

6 4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Colleen Troxell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96 6104328109

Date

Daytime Phone #

CR2E034 (3/96)