

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State CORPORATIONS
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DOCUMENT #

1. Corporation Name

C.M. DEVELOPMENT CORPORATION OF FLORIDA INC

Principal Place of Business

767 YORKSHIRE ROAD

ALLENTOWN PA 18103

Mailing Address

767 YORKSHIRE ROAD

ALLENTOWN PA 18103

FILED

98 JUL 13 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05-25-94	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0530773	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				\$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. Yes No	

8. Name and Address of Current Registered Agent

LAW OFFICES OF ANDREW B BLASI P.A.

7900 GLADES ROAD

SUITE 445

BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name COLLEEN TROXELL

82 Street Address (P.O. Box Number is Not Acceptable)

6469 NW 79th WAY

83 City

PARKLAND

FL

85 Zip Code 33067

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 reinstating)

7/10/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TROXELL, COLLEEN	1.1 TITLE	Change Addition
NAME	767 YORKSHIRE ROAD	1.2 NAME	
STREET ADDRESS	ALLENTOWN PA 18103	1.3 STREET ADDRESS	200002589872
CITY - ST - ZIP		1.4 CITY - ST - ZIP	-07/15/98--01068--009
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #