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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:10

DOCUMENT # P94000084821 (5)

1. Corporation Name
CMC PALM BEACH, INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480	251 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address c/o Mendoza, Callas & Schilling	4. FEI Number: 65-0543471	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 251 Royal Palm Way, #602	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 Palm Beach, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip 33480 / 30 Country USA	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
DE MENDOZA, MARIO G III 251 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480	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 _____ DATE
Signature, typed or printed name of the new registered agent (if applicable) NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	DE MENDOZA, MARIO G III	12 NAME	Cipolla, Charles	
STREET ADDRESS	251 ROYAL PALM WAY, SIXTH FLOOR	13 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP	PALM BEACH FL 33480	14 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		21 TITLE	AS	☐ Change ☒ Addition
NAME		22 NAME	Mendoza, Mario G. de III	
STREET ADDRESS		23 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP		24 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		31 TITLE	AS	☐ Change ☒ Addition
NAME		32 NAME	Wilkinson, Debra	
STREET ADDRESS		33 STREET ADDRESS	251 Royal Palm Way, 6th FL	
CITY-ST-ZIP		34 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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: (x) _____ (x) 2/8/95 (407) 659-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles Cipolla, President

0276050 CP