

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

C/O MENDOZA, CALLAS & SCHILLING  
251 ROYAL PALM WAY, #602  
PALM BEACH FL 33480  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified  
11/15/1994

3a. Date of Last Report  
02/10/1995

4. FEI Number

65-0543471

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

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE  
NAME MENDOZA, MARIO G DE III  
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR  
CITY-STATE-ZIP PALM BEACH FL

TITLE PSTD ☒ DELETE  
NAME CIPOLLA, CHARLES  
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR  
CITY-STATE-ZIP PALM BEACH FL

TITLE AS ☐ DELETE  
NAME WILKINSON, DEBRA  
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR  
CITY-STATE-ZIP PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition  
1.2 NAME Mendoza, Mario G. de III  
1.3 STREET ADDRESS 251 Royal Palm Way, 6th Floor  
1.4 CITY-STATE-ZIP Palm Beach, FL 33480

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME Wilkinson, Debra  
3.3 STREET ADDRESS 251 Royal Palm Way, 6th Floor  
3.4 CITY-STATE-ZIP Palm Beach, FL 33480

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if added, or on any additional page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario G. de Mendoza, III, President

2/20/96

(407)659-1111

Date

Daytime Phone #

CR2E034 (12/95)