

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90051 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000060746**

1. Corporation Name

**C M N, Inc.**

(NC)

Principal Place of Business

**3801 NORTH FEDERAL HWY  
POMPAÑO BEACH FL 33064**

Mailing Address

**3801 NORTH FEDERAL HWY  
POMPAÑO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**John Gaudiosi**  
**3801 N. Federal Highway**  
**Popano Beach, Fla. 33064**

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

**OFFICERS AND DIRECTORS**

12. TITLE	<b>D/S</b>	<input type="checkbox"/> DELETE
NAME	<b>John Gaudiosi</b>	
STREET ADDRESS	<b>3801 N. Federal Highway</b>	
CITY-ST-ZIP	<b>Pompano Beach, Fla 33064</b>	
TITLE	<b>D/P/T</b>	<input type="checkbox"/> DELETE
NAME	<b>Jocelyn Bruce</b>	
STREET ADDRESS	<b>3801 N. Federal Highway</b>	
CITY-ST-ZIP	<b>Pompano Beach, Fla. 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Anicetas Nanowsky</b>	
STREET ADDRESS	<b>3801 N. Federal Highway</b>	
CITY-ST-ZIP	<b>Pompano Beach, Fla. 33064</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Teresita Kenyon</b>	
STREET ADDRESS	<b>11311 SW 132 Ave.</b>	
CITY-ST-ZIP	<b>Miami, Fla. 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Christine Gregorios</b>	
STREET ADDRESS	<b>7601 E. Treasure Dr. #2001</b>	
CITY-ST-ZIP	<b>N. Bay Village, Fla. 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Ofelia Graso</b>	
STREET ADDRESS	<b>7601 E. Treasure Dr. #2001</b>	
CITY-ST-ZIP	<b>N. Bay Village, Fla. 33161</b>	

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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, with all other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954  
785-  
1300  
4/30/99

CR2E034 (1/98)