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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000073959 (5)

C & M INTERNATIONAL ACCESS, INC.

Principal Place of Business Mailing Address P O BOX 24556 P O BOX 24556 JACKSONVILLE FL 32241-4556 JACKSONVILLE FL 32241 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1995 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3334948 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apr. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MCFADYEN, KAREN 2958 OAKISLE ROAD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 83 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE Sign dure, typed or printed name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE 1.00 KAREN MCFADYEN 1.2 NAME NAME 2958 OAKISLE ROAD, N STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP Dity ST **X** DELETE Change Add-tion 21 TITLE HELE WILMA D DEGLASS 22 NAME NAME 10325 HUNTINGTON FOREST BOULVARD 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2 4 CITY-ST-ZIP 01\*\* \$1-7e\* \_\_\_ Addition DELETE Change 3 1 TITLE 1:1.1 3.2 NAME haME 3 3 STREET ADDRESS S. REET ADDRESS 34 CITY-SY-ZIP Change Addition DELETE 4.1 TITLE TILLE 4.2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE THE N.W 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP C-TY-ST-ZIP Addition DELETE Change 6.1 TITLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP C:15 - S" - 702

14. I do 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 arr 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

JAREN WFASYEN 4-4-87 904886-7228