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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010564 (8)

1. Corporation Name

CRITICAL PATH MANAGEMENT RESOURCES INC.

Principal Place of Business

2610 US 1 SOUTH
ST. AUGUSTINE FL 32086

Mailing Address

2610 US 1 SOUTH
ST. AUGUSTINE FL 32086-6181



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1996	3a. Date of Last Report
21. 8311 E. VIA DE VENTURA	26. 8311 E. VIA DE VENTURA	4. FEI Number 593398659		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. SUITE 2158	27. SUITE 2158	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. SCOTTSDALE, AZ	28. SCOTTSDALE, AZ				
Zip	Zip				
24. 85258	29. 85258				
Country	Country				
25. US	30. US				

9. Name and Address of Current Registered Agent

MERGENER, DONALD H
2610 US 1 SOUTH
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RAYA, PATRICIA D	1.2 NAME	RAYA, PATRICIA D.
STREET ADDRESS	214 A 9TH STREET	1.3 STREET ADDRESS	8311 E. VIA DE VENTURA, SUITE 2158
CITY- ST- ZIP	ST. AUGUSTINE FL 32084	1.4 CITY- ST- ZIP	SCOTTSDALE, AZ 85258
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	RAYA, PATRICIA D.
STREET ADDRESS		2.3 STREET ADDRESS	8311 E. VIA DE VENTURA, SUITE 2158
CITY- ST- ZIP		2.4 CITY- ST- ZIP	SCOTTSDALE, AZ 85258
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 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 #

0017403

CR2E034 (9/96)