

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**FILED****May 06 1997 8:00am**
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000043B74 (2) 1. Corporation Name CMFD, INC.			
Principal Place of Business C/O JACF CORP. 1499 W. PALMETTO PARK ROAD #100 BOCA RATON FL 33488		Mailing Address C/O JACF CORP. 1499 W. PALMETTO PARK ROAD #100 BOCA RATON FL 33488-3311	
2. Principal Place of Business 4301 N FEDERAL HIGHWAY Suite, Apt. #, etc.		2a. Mailing Address SAME Suite, Apt. #, etc.	
22. City & State POMPANO BEACH, FL		27. City & State POMPANO BEACH, FL	
23. Zip 33064		28. Country USA	
3. Date Incorporated or Qualified 05/21/1996		3a. Date of Last Report NONE	
4. FEI Number 65-0669402		Applied for Not Applicant ☐	
5. Certificate of Signature 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 information under s. 199 (3)(2) Florida Statutes ☐ Yes ☒ No		10. Name and Address of New Registered Agent	
7. Name and Address of Current Registered Agent FRAGETTA, WILLIAM A ESQ C/O BACHS & SAX, P.A. 301 YAMATO ROAD #4150 BOCA RATON FL 33431		01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City FL 05. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this document 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 responsibility as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.			
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning)			
12. OFFICERS AND DIRECTORS			
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1.1 TITLE D 1.2 NAME DEPASQUALE, FRANK 1.3 STREET ADDRESS C/O 100 FRANKLIN STREET 1.4 CITY-ST-ZIP BOSTON MA 02210			
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2.1 TITLE D 2.2 NAME MORETTO, CHARLES 2.3 STREET ADDRESS C/O 104 NORTHERN AVENUE 2.4 CITY-ST-ZIP BOSTON MA 02210			
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