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

PROFIT CORPORATION ANNUAL REPORT

1999

C.P.M. SERVICES OF S W FL INC.

1. Corporation Name



DOCUMENT # P96000046893

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90220 016 ***150.00

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Principal Place of Business Mailing Address] ""	illight tra thrib estre garre e			18188 1111 1881
PO BOX 2433 NAPLES FL 339	PO BOX 2433 NAPLES FL 33939-2433					DO NOT WR	ITE IN TH	IS SPACE		
						3. Date In	corporated or Qualifed	****		
						05/28	/1996			
2. Principa P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Apı	rlied For
21		26	26			65-0670813			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					ite of Status Desired		\$8.75 A	I .
22		27				5. Certifo	ne () Status Desired		Fee Re	riuired
City & State		City & State	City & State			6. Election Campaign Financing \$5.0			\$5.00	May Be
23		28				Trust F	und Contribution		Added to	Fees
Zip Cour try		Zip	<u> </u>			8. This corporation owes the current year			Ja./	
4 25		29	30			Persor al Property Tax. 10. Name and Address of New Registers				13No
	9. Name and Address of C	urrent Registered Agent		04	A1	10. Name	and Address of New	Registere	d Agent	
CURT, RICHARD J				81	Name					
	5 ENTERPRISE AVE. #18			82	Street Ac dr	ess (P.O. Box	Number is Not Accept	able)		
	LES FL 33962									
TWAF	LES FL 30302			83						
				84	City				85 Zip C	ode
				\coprod				F		
office (r r	egistered agent, or both, in the 3	7.0502 and 607.1508, Florida Sta State cf Florida. Such change wa obligations of, Section 607.0505,	s authorized	i by tr	named or rp ne corporation	oration submi on's board of d	s this statement for the irectors. I hereby acce	pt the apt	ointment as rec	gistered
SIGNATUFE										
	Signature, typed or printed na ne of register			Agent :	signature require	d when reinstating)	NS/CHANGES TO O	DATE	AND DIRECTO	DS IN 12
12.		S AN() DIRECTORS	13.	T. F		AUDITIO	JNS/CHANGES TO OF	FICERS	☐ Change	Addition
TITLE	PVP	C) DELETE								_
NAME	CURT, RICHARD J.	440	1.2 N		- PODEGO					
STREET ADDRESS 3435 ENTERPRISE AVE., #18 CITY-ST-ZIP NAPLES FL		F 10		1.3 STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL	□ DELETE			ZIP		·		Change	Addition
TITLE			2.2 N							_
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP TITLE		DELETE		TIF	-ZIP				Change	Addition
		_ 5252.2	3 2 NJ							
NAME			1		ADDRESS					1
STREET ADDRESS				NTY-ST						
TITLE		□ DELETE							Change	Addition
NAME		_	4.2 N							
					ADDRESS					
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CITY-ST-ZIP TITLE		☐ DELETE							☐ Change	Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 ST	TREET A	ADDRESS					
CITY-ST-ZIP			5.4 CI	ITY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TI	TLE					Change	Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
			640	ITY. ST.	7(0					

14. I hereby certify that the informa ion supplied with this filing does not qualify first he 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 changer, or organ attactiment with an address, with all other like empowered.

SIGNATURE: