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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072155

1. Corporation Name

CMS Corporation

Principal Place of Business / Mailing Address

2710 Alternate 19 North, Suite 402
Post Office Box 369
Palm Harbor, Florida 34682-0369

3. Date Incorporated or Qualified: 8/29/96
3a. Date of Last Report:

2. Principal Place of Business
21 2710 Alternate 19 N.
22 Suite, Apt. #, etc: Suite 402
23 City & State: Palm Harbor, Florida
24 Zip: 34682 25 Country: Pinellas

2a. Mailing Address
26 2710 Alternate 19 N.
27 Suite, Apt. #, etc: Suite 402
28 City & State: Palm Harbor, Florida
29 Zip: 34682 30 Country: Pinellas

4. FEI Number: 59-3398048 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Nickolas C. Ekonomides
Ekonomides & Associates
201 North Franklin Street, Ste. 2350
Tampa, Florida 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C.E.O./T	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	John A. Presti		12 NAME		
STREET ADDRESS	2710 Alternate 19 N., Ste 402		13 STREET ADDRESS		
CITY-ST-ZIP	Palm Harbor, FL 34682-0369		14 CITY-ST-ZIP		
TITLE	P/S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Thomas J. Stavro		22 NAME		
STREET ADDRESS	2710 Alternate 19 N., Ste 402		23 STREET ADDRESS		
CITY-ST-ZIP	Palm Harbor, FL 34682-0369		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	300002228713 -07/02/97--01032--032 ***550.00	☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

PE 7.1

CR2E034 (9/96)

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: John Presti 6/24/97 (813)781-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #