

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 12 1997 8:00am Secretary of State	
DOCUMENT # P96000095842 (6)					
1. Corporation Name C.L.M.H. ENTERPRISES, INCORPORATED					
Principal Place of Business 4270 ALOMA AVENUE SUITE 112 WINTER PARK FL 32792		Mailing Address 4270 ALOMA AVENUE SUITE 112 WINTER PARK FL 32792-9366		3. Date Incorporated or Qualified 11/22/1996	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3426401	
22 City & State		27 City & State		5. Certificate of Status Desired	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent HENRY, KIM-CHERIE 4270 ALOMA AVENUE SUITE 112 WINTER PARK FL 32792		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
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.		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE		83		84 City	
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			
1.1 TITLE		1.2 NAME			
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP			
2.1 TITLE		2.2 NAME			
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
3.1 TITLE		3.2 NAME			
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
4.1 TITLE		4.2 NAME			
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
5.1 TITLE		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
6.1 TITLE		6.2 NAME			
6.3 STREET ADDRESS		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]					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/30/97					
Daytime Phone: 00000000					

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