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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandre B. Mortham

Secretary of State

FILED Feb 27 1998 8:00am Secretary of State

	1998 DIVISION OF CORPORATIONS		S	Secretary of State			
DOCU 1. Corporation	MENT # on Name	P9700000395	57				
CMJ	ASSOCIAT	res, inc.					
Principal Plac	ce of Business	Maj	pe Address				
		e., Suite 11					
	wood, FL		.411			DO NOT WRITE IN TH	S SPACE
1		2020				3. Date Incorporated or Qualified	3 017102
						Jan. 15, 1997	
2. Principal Place of Business 21 7750 N. Z9 MVL (28 Same						4. FEI Number	Applied For
21 2750 Suite, Apt.			Suite. Apt. #, etc.			× 65-0734419	Not Applicable \$8.75 Additional
22 Sw.	te 124	27				5. Certificate of Status Desired	Fee Required
City & Stat	wood	FL 28	City & State		·····	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip 330		iic —	Zip 	Country		8. This corporation owes or has paid the o	current year Intangible
24 530		29 Idress of Current Registe	red Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	
			rou Agont	81 N	vame		
George J. Blutstein, Esq.						ess (P.O. Box Number is Not Acceptable)	
#501-20801 Biscayne Bivd.							
Avent	ura, FL 3	3180		83			
				84 C	City	F	85 Zip Code
11. Pursuant	to the provisions of S	sections 607,0502 and 607	.1508, Florida Statute	s, the above-na	amed corp	oration submits this statement for the purpose	of changing its registered
agent. La	ı m fa miliar with, and a	ooth, in the State of Florida accept the obligations of, \S	. Such change was a Section 607.0505, Flo	utnorized by the rida Statutes.	e corporatii	on's board of directors. I hereby accept the ap-	opointment as registered
SIGNATURE	· ·						
12.	Justine Typed or printed	OFFICERS AND DIRECT		Registered Agent si	ignature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	O. C. M. den		DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	Chales SPIERER						[]
. STREET ADDRESS	3750 N'		9.134.4	1 3 STREET ADE	DRESS		[]
CITY-ST-ZIP	1 House	od Florida.		1.4 CITY - ST - ZI	IP		
TITLE		•	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition 6
NAME	. 4		2.2 NAME	2000			
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADD 2. 4 City - St - Z			
TITLE	<u>.</u>		DELETE	3.1 TITLE			Change
NAME				3.2 NAME	ŀ		
STREET ADDRESS				3.3 STREET ADD	PRESS		
CITY-ST-ZIP	· · ·			3.4. C/TY - ST - Z	.IP		
· TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADD			
CITY-ST-ZIP TITLE			DELETE	44 CITY-ST-ZI 51 TITLE	<u>r</u>		☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREET ADD	PRESS		İ
City-St-ZiP				5.4 CITY - S1 - ZI	ρ		
TITLE			DELETE	6 1 TITLE		3000024435	Change Addition
NAME				6.2 NAME		3000024435 -03/02/9801018	-009 (DV 、
STREET ADDRESS				6.3 STREET ADD		***150.00	72.27
CITY-ST-ZIP	certify that the inform	ation supplied with this file	no does not qualify to	6.4 CHY-ST-ZI		Section 119.07(3)(i), Florida Statules, I further	certify that the information

4. Thereby 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 supplementa' 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 affactingnt with an address.

SIGNATURE

Walls Leve CHARLES SPIERED IGNATURE AND USED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

15/18

954-920-5007

25034 (10/97)