May 10, 1999 8:00 am Secretary of State

05-10-1999 90220 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000008138

1. Corporation Name

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

CM DEAL ESTATE AND DEVELOPMENT INC

Principal Place of E 2753 STATE RD.580.1	STE.110C	Mailing Address 2753 STATE RD.580.STE.1100	······					
CLEARWATER FL 33761 CLEARWATER FL 33761					DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/26/1998			
2. Principal Place o	of Business	2a. Mailing Address 26			4. FEI Number	/ 1	plied For t Applicable	
Suite, Apt. #, etc	c.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•		
Zip	Country	Zip	Country	/	8. This corporation owes the current year I	\ <u>-</u>	_	
24	25	1-7	0		Personal Property Tax.	Yes	□No	
9.	Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	_	
MOONEY, BERT E 2753 STATE RD.580,STE.110C CLEARWATER FL 33763				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				City	F			
office or registe agent. I am fan	ered agent or both in the State	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by	the coroc	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE	ture, typed or printed name of registered age	ent and title if applicable. (NOTE: F	egistered Age	nt signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A			
TITLE P/	PRESIDENT DELETE 1:					Change	Addition	
STREET ANDRESS: 2742 SEA PINES CIPELE EAST			1.2 NAME 1.3 STREE	T ADDRESS				
CITY-ST-ZIP (CLEANWATEX, A. 3376/-3/34 140		1.4 CITY-S	T-ZIP				
TITLE 54	TRU/TREAS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME A	ALL TO MINNE	er	2.2 NAME					
'	742 SEA PIN	is circle EAST	2.3 STREE	T ADDRESS				

CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

14. I 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, with all other like empowered. Block 12 or Block 13 if changed,

SIGNATURE: A

A. 33761-3134

☐ DELETE

□ DELETE

CR2E034 (11/98)

☐ Addition

☐ Addition

☐ Change

Change

Daytime Phone #