

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000084956

1. Corporation Name  
CMI SERVICES INC.

Principal Place of Business

7930 BAYFLOWER WAY  
ORLANDO FL 32836

Mailing Address

7930 BAYFLOWER WAY  
ORLANDO FL 32836

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90145 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

59-3536518

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1186 OCEAN SHORE BLVD.  
SUITE 195  
ORMOND BEACH FL 32176

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WIP, CHRISTIAN W  
STREET ADDRESS 2155 LAKE DEBRA DRIVE, APT #825  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D  
NAME DUAL-MENENDEZ, GLORIA A  
STREET ADDRESS 7930 BAYFLOWER WAY  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D  
NAME WOOD, ERICKA  
STREET ADDRESS 2155 LAKE DEBRA DRIVE, APT. #825  
CITY-ST-ZIP ORLANDO FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT, DIRECTOR  
1.2 NAME  
1.3 STREET ADDRESS 2197 LAKE Debra Drive # 227  
1.4 CITY-ST-ZIP ORLANDO FL. 32835

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 2197 LAKE Debra Drive # 227  
3.4 CITY-ST-ZIP ORLANDO FL. 32836

4.1 TITLE PRESIDENT, DIRECTOR  
4.2 NAME JESUS MANUEL MENENDEZ  
4.3 STREET ADDRESS 7930 BAYFLOWER WAY  
4.4 CITY-ST-ZIP ORLANDO FL. 32836

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 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.

SIGNATURE: ✓

SIGNATURE REQUIRED  
CHRISTIAN WIP (V.P.)

Date

Daytime Phone #

CR2E034 (11/98)