

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90037 039 \*\*\*150.00

DOCUMENT # P98000096223

1. Corporation Name  
CMC CAPITAL CORP.

Principal Place of Business  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408

Mailing Address  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

65-0876785

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

2. Principal Place of Business

2a. Mailing Address

21 117 WORTH CT. SO.

26 117 WORTH CT. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 W. Palm Beach Fl.

27 W. Palm Beach Fl.

City & State

City & State

23 33405 USA

28 33405 USA

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, NORRIS, SCHERER & WEINBERGER  
712 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408

81 Name SALLY H. KIMBALL

82 Street Address (P.O. Box Number is Not Acceptable)

117 WORTH CT. SO.

83

84 City W. Palm Beach FL 85 Zip Code 33405

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

SALLY H. KIMBALL

4/21/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D/S/T ☐ DELETE

NAME Sally Kimball

STREET ADDRESS 117 Worth Court, So.

CITY-ST-ZIP West Palm BEach, FL 33405

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 501-655-4292

Date

Daytime Phone #

CR2E034 (11/98)