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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S14224** **(7)**

1. Corporation Name
CMC MANAGEMENT OF ST. LUCIE, INC.

Principal Place of Business
~~4600 SHINN ROAD~~
FORT PIERCE FL 34945

Mailing Address
P.O. BOX 14019
FT. PIERCE FL 34979-4019

3. Date Incorporated or Qualified: 11/14/1990
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21 CMC Mgmt of St. Lucie Inc
Street, Apt. #, etc.
22 250 Shinn Road
City & State
23 Fort Pierce, FL
Zip: 24 34945 Country: 25 USA

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip: 29 Country: 30

4. FEI Number: ~~59-2271090~~ 65-0271295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FEE, FRANK H. III ESQUIRE
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34945

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CHARLES M.		1.2 NAME	
STREET ADDRESS	4080 SE OLD ST LUCIE BLV		1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JR., CHARLES M		2.2 NAME	
STREET ADDRESS	506 NE 3RD ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, PATRICIA L.		3.2 NAME	
STREET ADDRESS	~~4690 SHINN ROAD~~		3.3 STREET ADDRESS	305 30th Ave S.W
CITY-ST-ZIP	~~FT. PIERCE FL 34945~~		3.4 CITY-ST-ZIP	Vero Beach, FL 32968
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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. Charles M. Campbell

SIGNATURE: Charles M Campbell 3/19/97 (561) 464-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474568