

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S52432 (9)
1. Corporation Name
C.M.L. BUILDING CO., INC.



Principal Place of Business 2 OCTAVIA WAY P.O. BOX 1073 SAFETY HARBOR FL 34695	Mailing Address 2 OCTAVIA WAY P.O. BOX 1073 SAFETY HARBOR FL 34695-1073
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1991	3a. Date of Last Report 04/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-3066141	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRIS JR, WILLIAM E. 2 OCTAVIA WAY SAFETY HARBOR FL 34695		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, WILLIAM E JR	1.2 NAME	
STREET ADDRESS	2 OCTAVIA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, SANDRA L	2.2 NAME	
STREET ADDRESS	2 OCTAVIA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, WILLIAM E. J	3.2 NAME	
STREET ADDRESS	2 OCTAVIA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, SANDRA L	4.2 NAME	
STREET ADDRESS	2 OCTAVIA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE _____ 3-12-97 812-7254618

CR2E034 (9/96)