FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

9:37

DOCUMENT # S94709 (0)

1. CGM OF MERRITT ISLAND, INC.

645 FERN DR MERRITT ISLAND FL 32952 US	645 FERN DR. MERRITT ISLAND FL 32952 US

3. Date Incorporated / Qualified: 11/15/1991

3a. Date of Last Report: 08/12/1994

4. FEI Number: 59-3099882 — 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

7. Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WARREN, CAROL
645 FERN DR
MERRITT ISLAND FL 32952

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 Section 607.0502 and 607.1908, 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 director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	TITLE	[ ] Change [ ] Addition
NAME	WARREN, CAROL	NAME	
STREET ADDRESS	1530 MERCURY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	CITY-ST-ZIP	
TITLE	DVT	TITLE	[ ] Change [ ] Addition
NAME	WARREN, GARY	NAME	
STREET ADDRESS	1530 MERCURY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	CITY-ST-ZIP	
TITLE	DS	TITLE	[ ] Change [ ] Addition
NAME	WARREN, GARY II	NAME	
STREET ADDRESS	1530 MERCURY	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, the information contained herein is accurate and complete and that my signature shall be 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 above, or on an attachment with an additional

SIGNATURE: [signature] 4-28-95 407 459 3963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL L. WARREN

0070131 CR