


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S94709 (0)			
1. Corporation Name CGM OF MERRITT ISLAND, INC.			
Principal Place of Business 645 FERN DR MERRITT ISLAND FL 32952 US		Mailing Address 645 FERN DR. MERRITT ISLAND FL 32952 US	
2. Principal Place of Business 21 645 FERN DR.		2a. Mailing Address 26 SAME	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State MERRITT ISLAND, FL		28 City & State	
24 Zip 32952		29 Zip	
25 Country USA		30 Country	
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 85 Zip Code FL	
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	DPS	1.1 TITLE	
NAME	WARREN, CAROL	1.2 NAME	
STREET ADDRESS	1530 MERCURY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	DVT	2.1 TITLE	
NAME	WARREN, GARY	2.2 NAME	
STREET ADDRESS	1530 MERCURY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	WARREN, GARY II	3.2 NAME	
STREET ADDRESS	1530 MERCURY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		6-6-96 4074593963	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (3/96)