

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80784** (9)
1. Corporation Name
CRM ENTERPRISES, INC.

Principal Place of Business: **33 4 ST N STE 2008 BLOOMINGTON IN 33701 US**
Mailing Address: **33 4TH ST N STE 2008 ST. PETERSBURG FL 33701 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1991** 3a. Date of Last Report: **04/18/1994**
4. FEI Number: **35-1843195** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 State, Apt. #, etc: 26 State, Apt. #, etc
22 City & State: 27 City & State
23 Zip: 28 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent
**KARGROVE, KATE
436 20 AVE, NE
ST. PETERSBURG FL 33704**

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 607.0902 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 directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0904, Florida Statutes.

SIGNATURE: *Kate Kargrove*
I, Kate Kargrove, Secretary of State, do hereby certify that the above information is true and correct.

12. OFFICERS AND DIRECTORS

12.1 NAME	P
12.2 NAME	CARMELLO, JAMES
12.3 STREET ADDRESS	3072 43RD ST. S.W.
12.4 CITY, ST. ZIP	NAPLES FL
12.5 NAME	T
12.6 NAME	HICKS, STEVEN
12.7 STREET ADDRESS	3114 E. CONVENANTER
12.8 CITY, ST. ZIP	BLOOMINGTON IN
12.9 NAME	S
12.10 NAME	CARMELLO, JOHN
12.11 STREET ADDRESS	3114 E. CONVENANTER
12.12 CITY, ST. ZIP	BLOOMINGTON IN
12.13 NAME	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST. ZIP	
12.17 NAME	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST. ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST. ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST. ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 190.017(1)(b), Florida Statutes. I further certify that the information included 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 in the state of Florida. I am a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an alternate with an address.

SIGNATURE: *James Carmello* **James Carmello** 4/27/95 813-821-1617
I, James Carmello, Secretary of State, do hereby certify that the above information is true and correct.