

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

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



Principal Place of Business      Mailing Address  
**33 4TH STREET N.  
#210  
ST. PETERSBURG FL 33701  
US**      **33 4TH STREET N.  
#210  
ST. PETERSBURG FL 33701-3806  
US**

3. Date Incorporated or Qualified: **09/11/1991**      3a. Date of Last Report: **09/20/1986**  
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 s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**CARAMELLO, JAMES  
353 6TH AVE N.  
TIERRA VERDE FL 33715**

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 re-registering)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARAMELLO, JAMES</b>	
STREET ADDRESS	<b>353 6TH AVE N.</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARAMELLO, JACK</b>	
STREET ADDRESS	<b>353 6TH AVE N.</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, STEVE</b>	
STREET ADDRESS	<b>3837 BEACHWOOD CIR</b>	
CITY-ST-ZIP	<b>LEXINGTON KY 40514</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CARAMELLO, JANET</b>	
STREET ADDRESS	<b>353 6TH AVE N.</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]*      **James Caramello**      **4/22/97**      **(813) 821-1617**

CR2E034 (9/96)