

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT -7 AM 9:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S80784**

1. Corporation Name
CRM ENTERPRISES, INC.



Principal Place of Business 33 4TH STREET N #210 ST. PETERSBURG FL 33701 US	Mailing Address 33 4TH STREET N. #210 ST. PETERSBURG FL 33701 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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3. Date Incorporated or Qualified 09/11/1991	
4. FEI Number 35-1843195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	CARAMELLO, JAMES	353 6TH AVE N. TIERRA VERDE FL 33715	<input type="checkbox"/> DELETE											
	VPD	CARAMELLO, JACK	353 6TH AVE N. TIERRA VERDE FL 33715	<input type="checkbox"/> DELETE											
	VPD	HICKS, STEVE	3637 BEACHWOOD CIR LEXINGTON KY 40514	<input checked="" type="checkbox"/> DELETE											
				<input type="checkbox"/> DELETE											
				<input type="checkbox"/> DELETE											

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	900003015239--2
2.4 CITY-ST-ZIP	-10/14/99--01093--019
3.1 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E034 (5/99)



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

OCTOBER 5, 1999

DEAR SIR OF MADAM,

ENCLOSED PLEASE FIND THE ANNUAL REPORT FOR CRM ENTERPRISES. I HAVE SEVERAL FLORIDA CORPORATIONS, AND WHEN I FILLED OUT THEIR ANNUAL REPORTS, I ASSUMED I HAD REPORTS FOR ALL OF THE COMPANIES, HOWEVER IT APPEARS I NEVER RECEIVED THE REPORT FOR THIS COMPANY. I DID NOT RECEIVE THE SECOND NOTICE UNTIL AFTER THE DUE DATE. I SPOKE WITH YOUR REINSTATEMENT OFFICE THIS MORNING, AND WAS DIRECTED TO SEND IN THE \$150.00 FEE AND THE REPORT ACCOMPANIED BY THIS LETTER EXPLAINING WHAT HAD OCCURRED. THANK YOU FOR YOUR HELP IN THIS MATTER.

SINCERELY,

JAMES CAMELLO
PRESIDENT

LOCATIONS