

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759846 (9)
1. Corporation Name
C.P.C. ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1699 CYPRESS PTE. DR. 7932 WILES RD
CORAL SPRINGS FL 33071-4270 CORAL SPRINGS FL 33067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1981	3a. Date of Last Report 04/13/1994
4. FBI Number 59-2390409	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HENANN, DEE
1699 CYPRESS PTE. DR.
CORAL SPRINGS FL 33431**

10. Name and Address of New Registered Agent
81. Name **Wayne Hillebrand**
82. Street Address (P.O. Box Number is Not Acceptable)
1618 Cypress Pointe Drive
83. City **Coral Springs** 84. State **FL** 85. Zip Code **33071**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/4/95**

12. OFFICERS AND DIRECTORS	
TITLE PD	HENANN, DEE 1699 CYPRESS PTE. DR CORAL SPRINGS FL
TITLE VD	SILVERS, MARCUS 1699 CYPRESS PTE DR CORAL SPRINGS FL
TITLE D	SMITH, ROBERT 1608 CYPRESS PTE. DR CORAL SPRINGS FL
TITLE D	RAPPOPORT, FAYE 11988 CLASSIC DR CORAL SPRINGS FL
TITLE T	HILLEBRAND, WAYNE 1618 CYPRESS PTE DR CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	Wayne Hillebrand <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1618 Cypress Pointe Drive
1.3 STREET ADDRESS	Coral Springs, FL 33071
1.4 CITY-ST-ZIP	
2.1 TITLE S	Bea Niede <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9066 N. W. 47th Court
2.3 STREET ADDRESS	Coral Springs, FL 33067
2.4 CITY-ST-ZIP	
3.1 TITLE T	Melanie Partelow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2021 N. W. 107th Dr.
3.3 STREET ADDRESS	Coral Springs, FL 33071
3.4 CITY-ST-ZIP	
4.1 TITLE D	Al Weintraub <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1613 Cypress Pointe Drive
4.3 STREET ADDRESS	Coral Springs, FL 33071
4.4 CITY-ST-ZIP	
5.1 TITLE D	Marcus Silvers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1690 Cypress Pointe Drive
5.3 STREET ADDRESS	Coral Springs, FL 33071
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 chairman, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/4/95**