

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

5-1-96 6-5958 -C
(6)

DOCUMENT # K60946

1. Corporation Name
C.C.T.A. SERVICE, INC.



Principal Place of Business: 4091 S STATE RD 7 W HOLLYWOOD FL 33023 US
Mailing Address: 4091 SO STATE RD 7 W HOLLYWOOD FL 33023 US

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0098700
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CRUZ, CLEMENTE, 19470 NW 8TH STREET, PEMBROKE PINES FL 33029
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CRUZ, CLEMENTE 4091 S STATE RD 7 W HOLLYWOOD FL	1.1 TITLE	[Change] [Addition]
NAME	CRUZ, CLEMENTE	1.2 NAME	
STREET ADDRESS	4091 S STATE RD 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VSD CRUZ, CLEMENTE, E 4091 S STATE RD 7 W HOLLYWOOD FL	2.1 TITLE	[Change] [Addition]
NAME	CRUZ, CLEMENTE, E	2.2 NAME	
STREET ADDRESS	4091 S STATE RD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VTD CRUZ, TERESA 4091 S STATE RD 7 W HOLLYWOOD FL	3.1 TITLE	[Change] [Addition]
NAME	CRUZ, TERESA	3.2 NAME	
STREET ADDRESS	4091 S STATE RD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	VD CRUZ, ANGEL 4091 S STATE RD 7 W HOLLYWOOD FL	4.1 TITLE	[Change] [Addition]
NAME	CRUZ, ANGEL	4.2 NAME	
STREET ADDRESS	4091 S STATE RD 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	W HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	[Delete]	5.1 TITLE	[Change] [Addition]
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[Delete]	6.1 TITLE	[Change] [Addition]
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 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] DATE: 4-10-96 (954) 9/3-0373

CR2E034 (12/95)