

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 9:14

DOCUMENT # **M54399** (4)

1. Corporation Name

**COMBINED ADVANCE TECHNOLOGY SYSTEMS (C.A.T.S.), INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6230 WINDCHIME PLACE  
BOYNTON BEACH FL 33437

Mailing Address

6230 WINDCHIME PLACE  
BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2833486

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

21 **2755 S. FEDERAL HWY**

2a. Mailing Address

26 **SAME AS LETTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE 14**

27

City & State

24 **BOYNTON BEACH, FL**

28

Zip

25 **33435**

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUTONE, ANNA  
4231 N.E. 22ND TERR  
LIGHTHOUSE POINT FL 33084

81 Name

**ANNA CUTONE - Von Lippke**

82 Street Address (P.O. Box Number is Not Acceptable)

**6230 WINDCHIME PLACE**

83

84 **BOYNTON BEACH**

FL

85 Zip Code  
**33437**

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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

*[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>YOST, ROBERT A.</b>
STREET ADDRESS	<b>6230 WINDCHIME PLACE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>PTD</b>
NAME	<b>VON LIPPKE, GUSTAV ERICK</b>
STREET ADDRESS	<b>6230 WINDCHIME PLACE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
2.4 CITY-ST-ZIP	
3.1 TITLE	<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 provided with this form 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 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 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 of changes to officers and directors with an address.

SIGNATURE:

*[Signature]*

SIGNATURE OF THE OFFICER OR DIRECTOR

2-22-95 (401) 736-0407