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Feb 03 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 # M54399 (4)
1. Corporation Name
COMBINED ADVANCE TECHNOLOGY SYSTEMS (C.A.T.S.),
INC.



Principal Place of Business
2755 S FEDERAL HWY
SUITE 14
BOYNTON BEACH FL 33435
US

Mailing Address
2755 S FEDERAL HWY
SUITE 14
BOYNTON BEACH FL 33435-7743
US

3. Date Incorporated or Qualified: 06/23/1987
3a. Date of Last Report: 03/12/1996
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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

CUTONE-VONLIPPKE, ANNA
6230 WINDCHIME PLACE
BOYNTON BEACH FL 33437

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

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: YOST, ROBERT A.
STREET ADDRESS: 6230 WINDCHIME PLACE
CITY-ST-ZIP: BOYNTON BEACH FL
 DELETE

TITLE: PTD
NAME: VON LIPPKE, GUSTAV ERICK
STREET ADDRESS: 6230 WINDCHIME PLACE
CITY-ST-ZIP: BOYNTON BEACH FL
 DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D
1.2 NAME: ANNA VON LIPPKE
1.3 STREET ADDRESS: 6230 WINDCHIME PL
1.4 CITY-ST-ZIP: BOYNTON BEACH, FL 33437
 Change Addition

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
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, unchanged, or on an attachment with an address.

SIGNATURE:
GUSTAV VON LIPPKE
Date: 1.21.97 (561) 936-0409
Daytime Phone #

CR2E034 (9/96)