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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

271074

(7)

C	AR'	TO	av s	ì	NA.	ADA	INC.
О	An.	ıvr	11 6	* U	' IVI	чпи.	IINU.

Principal Place	of Business	Mailing Address		1 sagura seges segas erati abete feder beder bilber		
5840 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407		5840 CORPORATE WAY SUITE 100 WEST PALM BEACH FL 33407				
US	DENOTE STATE	US		3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1963 02/27/1995		
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		59-1025818 Not Applicable		
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Service Servi		
Oity & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζφ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent		
			81 Name	rtory, J.L.		
	Y, J. LAWRENCE		82 Street A	Address (P.O. Box Number is Not Acceptable) 40 Corporate Way		
	RATOGA BAY DRIVE		83	40 Corporate Way		
WEST PA	ALM BEACH FL 33409			ite 100		
			84 City	st Palm 3each, FL FL 85 Zip Code 33407		
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named co			
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authoriza Iron 607.05% iorida Statutes	ed by the corporation's l	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am		
SIGNATURE	J. L. Sartory	I Total		2/20/96		
	Signature, typed or printed name of registered ago.		TE: Registered Agent signature re	equired when reinstating) DATE		
12. 	CDT OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SARTORY, J. L	☐ ptreic	1. 1 TITLE 1.2 NAME	CDS S Change Addition		
STREET ADORESS	7696 BOLD LAD RD		1.2 NAME 1.3 STREET ADDRESS	2280 Saratoga Bay Drive		
C(TY-ST-Z)P	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409		
T TLF	D	DELETE	2 1 TITLE	X Change ☐ Addition		
NAME	SARTORY, KIM L.		2 2 NAME	- · -		
STREET ADDRESS	7696 BOLD LAD RD.		2 3 STREET ADDRESS	2280 Saratoga Bay Drive		
CHY-ST-ZIP	PALM BCH GARDENS FL		2 4 CITY - ST - ZIP	West Palm Beach, FL 33409		
TiTLF	PDS	DELETE	3 1 TITLE	PDT Q Change Addition		
NAME	O'MARA, CHARLES J		3 2 NAME			
STREET ADDRESS	1951 RICHARD LN		3 3 STREET ADDRESS	8H Lexington Lane East		
CHY-SI-7IF	W. PALM BCH. FL	DELFTE	3.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418		
NAME			4 1 TITLE 42 NAME	☐ Change ☐ Addition		
STREET ADORESS			4 3 STREET ADDRESS			
City-St-Zip			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE	Change Addition		
N4Mt			5.2 NAME	· ·		
STREET ADDRESS			5 3 STREET ADDRESS			
CiTY-S1-ZiP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Addition		
NAME			62 NAME			
STHEFT ADDRESS			63 STREET ADDRESS			
CITY-St-ZIF	AN ILLIA SI	The All Control of the Control of th	64 CITY-ST-ZIP			
certify that oath; that I appears in	ceruit that the information supplied the information indicated on this ann am an officer or director of the control Block 12 or Block 13/11 changed or	with this filing is voluntarily furn ual report or supplemental anni oration or the receiver or truster on an attachment with an addr	isned and does not qual ual report is true and acc e empowered to execute ess.	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name		

SIGNATURE:

IGNING OFFICER OR DIRECTOR

2/20/96 407-683-7500 Daytime Prone :