

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:23

DOCUMENT # 504600 (8)

1. Corporation Name

C.I. FLORIDA NO. 4, INC.

Principal Place of Business

**725 CONSHOHOCKEN STATE RD.
BALA, CYNWYD PA 19004**

Mailing Address

**725 CONSHOHOCKEN STATE RD.
BALA CYNWYD PA 19004**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/04/1976	3a. Date of Last Report 03/17/1994
4. FBI Number 23-2515200	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	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 607.0305, Florida Statutes.

SIGNATURE

[Signature]

3/10/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAVITZ, STEPHEN	1.2 NAME	
STREET ADDRESS	725 CONSHOHOCKEN ST RD	1.3 STREET ADDRESS	
CITY-ST- ZIP	BALA-CYNWYD PA	1.4 CITY-ST- ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KURTZ, HERBERT	2.2 NAME	
STREET ADDRESS	725 CONSHOHOCKEN ST RD	2.3 STREET ADDRESS	
CITY-ST- ZIP	BALA CYNWYD PA	2.4 CITY-ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST- ZIP		3.4 CITY-ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST- ZIP		4.4 CITY-ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE		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 110.07(3)(d), 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 designated as an officer or director with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT KURTZ, DIRECTOR

3/10/95

DATE

(610) 667-5800

TELEPHONE NUMBER