FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 661255

(0)

Principal Place of Business

CPT.,INC.

P.O. BOX 11759 FT LAUDERDALE FL 33339

2. Principal Place of Business

Suite, Aprt #, etc

SIGNATURE:

City & State

21

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Mailing Address

2a. Mailing Address

City & State

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

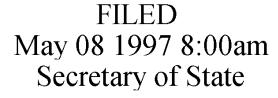
Suite, Apt. #, etc.

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P.O. BOX 11759 FT LAUDERDALE FL 33339-1759



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	1 186119		#11881 HILLI			380 BNU BNU BNU	
15.	\$ 18 4 748	6111		I II MAS DILILI	BUILDING T		
	1166111	THE STATE OF	LULI 1560	:			
		11111	31101 IIU X				. DOBIN BIDDI 170

8. This corporation has liability for intengible tax under s. 199.032,

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0294203

Not Applicable

05/17/1996

3. Date incorporated or Qualified

04/01/1980

59-1983048

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24]	9. Name and Address of Current Registered Agent	[30]	·		Florida Statutes L. 146				
*****			81	Name	10. Name and Address of New Registered Agent				
	KIT, CHARLES		["]	Name					
	8 NE 11TH AVE		82	Street	Address (P.O. Box Number is Not Acceptable)				
i FTI	LAUDERDALE FL 33334				······································				
			83		1				
			84	City	85 Zip Code				
			1	0,	FL S Exp code				
11. Pursuant	to the provisions of Sections 607,0502 and 607,1508, Florida	Statutes, the a	bove	named	corporation submits this statement for the purpose of changing its registered				
onice or r agent. La	egistered agent, or both, in the State of Florida. Such change m familiar with, and accept the obligations of, Section 607.05	e was authorize 605. Florida Stal	a by tutes	the co	poration's board of directors. I hereby accept the appointment as registered				
SIGNATURE					•				
SIGNATURE	Signature, typed or printed name of registored agent and little if applicable	(NOTE Registere	d Ager	it signatur	e required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PST DELE	TE 1.1 TI	TLE		Change Addition				
NAME	PUKIT, CHARLES	1.2 N	AME						
STREET ADDRESS	WATERWAY LANDINGS	1.3 51	TREET	ADDRESS					
City-St-ZiP	FT. LAUDERDALE FL	1.4 0	ITY-\$1	- ZIP					
TITLE	DELE	TE 2.1 Ti	TLE		Change Addition				
NAME	PUKIT, CHARLES	22 N	AME						
STREET ADDRESS	WATERWAY LANDINGS	2.3.51	TREET	ADORESS					
CITY - S1 - 7IP	FT. LAUDEROALE FL	2.40	ity-\$	7-ZIP					
THE	DELE				Change Addition				
NAME		3.2 N	AME						
STHEET ADDRESS		3381	TREET A	ADDRESS	1				
CITY - ST - ZIP		3.4 C	(TY+8)	T-ZIP					
TITLE	DELE				Change Addition				
NAME		4.2 N	IAME						
STREET ADORESS		4.3 \$	TREET	address					
CITY-ST 76		4.4 C	iTY-ST	- ZIP	ĺ.				
TITLE	☐ DELE	TE 5.1 TI	TLE		Change Addition				
NAME		5.2 N	AME						
STREET ADDRESS		5.3 \$	TREET	ADDRESS	}				
CHTY- \$1 - 20/		5.4 CI	ITY - ST	- ZiP					
1111.1	DELE	TE 6.1 Tf	TLE		Change Addition				
NAME		6.2 N	AME						
STREET ADDRESS		6.3 5	TAEET	ADDRESS					
CHY-ST-ZIP		6.4 C	ITY-\$1	- ZIP	į				
14. I do heret	by certify that the information supplied with this filing does no	t qualify for the	exer	nption	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 if changed, or on an attachment with an address.									