

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **680707** (7)

1. Corporation Name  
**C & T ACCOUNTING SERVICES INC.**



Principal Place of Business: **C/O LYNDIA TORRES, 1115 KEY PLAZA, KEY WEST FL 33040**  
Mailing Address: **C/O LYNDIA TORRES, 1115 KEY PLAZA, KEY WEST FL 33040**

3. Date Incorporated or Qualified: **08/01/1980**  
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business  
21. **c/o Jane E. Cathey**  
22. **1115 Key Plaza**  
23. **Key West FL 33040**  
24. **33040**  
25. **Monroe**  
26. **c/o Jane E. Cathey**  
27. **1115 Key Plaza**  
28. **Key West FL 33040**  
29. **33040**  
30. **Monroe**

4. FEI Number: **59-2019750**  
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

9. Name and Address of Current Registered Agent  
**TORRES, LYNDIA  
1115 KEY PLAZA  
KEY WEST, FLORIDA  
33040**

10. Name and Address of New Registered Agent  
81. Name: **Jane E. Cathey**  
82. Street Address (P.O. Box Number is Not Acceptable): **1115 Key Plaza**  
83.   
84. City: **Key West** FL 85. Zip Code: **33040**

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: **JANE E CATHEY** *Jane E Cathey* DATE: **3-11-96**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE
NAME: <b>CATHEY, JANE E.</b>	
STREET ADDRESS: <b>52 A AVE E BIG COPPIT</b>	
CITY-STATE-ZIP: <b>KEY WEST FL</b>	
TITLE: <b>SVT</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>TORRES, LYNDIA</b>	
STREET ADDRESS: <b>2500 SEIDENBERG</b>	
CITY-STATE-ZIP: <b>KEY WEST FL</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>TORRES, LYNDIA</b>	
STREET ADDRESS: <b>2500 SEIDENBERG</b>	
CITY-STATE-ZIP: <b>KEY WEST FL</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>V, T, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-STATE-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-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 119.07(3)(k), 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.

SIGNATURE: **JANE E CATHEY** *Jane E Cathey* DATE: **3/11/96** DAY PHONE: **305-296-6695**  
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #.

CR2E034 (12/95)