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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004741

1. Corporation Name

CTS INC. OF DELAWARE

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90062 043 ***150.00



Principal Place	e of Business	Mailing Address								
779 E. MERRITT ISLAND CSWY STE 690 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952			690	DO NOT WRITE IN THIS	SPACE:					
371	Crangettus	+CFlor		بنانداش بدمرو <u>ب</u>	3. Date Incorporated or Qualifed 08/19/1998					
ULLER	00 7-(32401	2a, Mailing Address			4. FEI Number	ΙΔ	plied For			
	lace of Business				52-2032730		ot Applicable			
21	M. Olknys	26 Suito Ant # ata			32-2032130		Additional			
Suite, Apt. 22	L. Flore	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee R	equired			
City & State	e /	City & State			6. Election Campaign Financing		May Be			
23 1/2/01	nd1)	28			Trust Fund Contribution		to Fees			
Zip	Country	Zip	_ Соцг	try	8. This corporation owes the current year Inte					
24 3 25	0/ 25	29 3	30		Personal Property Tax.	☐ Yes	□No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent				
200	DV 11150			81 Name			- 1			
PEERY, JAMES				82 Street Address (P.O. Box Number is Not Acceptable)						
1325 HAMPSTEAD TER				on corrido		_				
OVIEDO FL 32765				83						
						leg Zio	Code			
			}	84 City	FL	85 Zip	Code			
11 Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statute	the ab	ove-named corp	poration submits this statement for the purpose of	changing its	registered-			
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505, Floridations	thorized da Statu	by the corporati tes.	ion's board of directors. I hereby accept the appoin	ntment as re	egistered			
SIGNATURE	Signature, typed of printed name of registered ag			Agent signature require		III IX	200 111 40			
12.	`	ND DIRECTORS /	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition			
TITLE	V	☐ DELETE	1,1 TITI	I .		□ Criange	L.J Addition			
NAME	PEERY, JAMES G		1.2 NA				Ì			
STREET ADDRESS	1325 HAMPSTEAD TER		1.3 STF	REET ADDRESS						
CITY-ST-ZIP	OVIEDO FL			Y-ST-ZIP		F*1.01				
TITLE	,	☐ DELETE	2.1 TITI	Æ	•	Change	☐ Addition			
NAME) ·		2.2 NA	ME)			}			
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CITY-ST-ZIP	_		2. 4 CI	Y-ST-ZIP						
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CITY-ST-ZIP		•		ME REET ADDRESS						
TITLE			3.3 STF	ĺ						
	<u>.</u>	C) DELETE	3.3 STF	REET ADDRESS Y-ST-ZIP		☐ Change	Addition			
NAME		☐ DELETE	3.3 STF 3.4. CN 4.1 TIT	REET ADDRESS Y+S1-ZIP		Change	Addition			
NAME CTDEET ADDDESS		☐ DELETE	3.3 STF 3.4. CD 4.1 TITE 4. 2 NA	REET ADDRESS Y-ST-ZIP LE ME		☐ Change	Addition			
STREET ADDRESS		☐ DELETE	3.3 STF 3.4. CN 4.1 TVT 4. 2 NA 4.3 STF	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		Change	☐ Addition			
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: