

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:59

DOCUMENT # G66795

(7)

1. Corporation Name

C.T. SCAN ASSOCIATES, INC.

Principal Place of Business

C. T. SCAN ASSOCIATES, INC.
2815 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

Mailing Address

C. T. SCAN ASSOCIATES, INC.
2815 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1983

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2332741

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JARED, O. ALAN III
835 EMERALD ROW
GULFSTREAM FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	JARED, O. ALAN, III
STREET ADDRESS	835 EMERALD ROW
CITY - ST - ZIP	GULF STREAM FL
TITLE	DS
NAME	GRAVES, DAVID B.
STREET ADDRESS	903 S.W. 28TH AVENUE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	DV
NAME	GUZZO, FRANCIS P.
STREET ADDRESS	16 SABAL ISLAND DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	DT
NAME	CAVANAGH, RICHARD C.
STREET ADDRESS	4134 SHELLDRAKE LN
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	DS
NAME	PHILLIPS, JOSEPH F.
STREET ADDRESS	52 RIVER DRIVE
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	D
NAME	ROONEY, STEVEN J
STREET ADDRESS	830 EMERALD ROW
CITY - ST - ZIP	GULF STREAM FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(b), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 4:7 731-7733