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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE SIGNATURE OF BIGNING OFFICER OF DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1990

DOCU 1. Corporation	MENT # G667	95 (7)					
C.T. S	CAN ASSOCIATES, INC.				 Seathir adia aliae divin india laia	r Blyl Digit gyddi dydii droi	AL BIRDE SIGNI IA BI
Principal Place	of Rusinoss	Mailing Addison					
Principal Place of Business Mailing Address C. T. SCAN ASSOCIATES. INC. C. T. SCAN ASSOCIATE			TES 1510				
2815 SOUTH SEACREST BOULEVARD BOYNTON BEACH FL 33435		C. T. SCAN ASSOCIATES, INC. 2015 SOUTH SEACREST BOULEVARD BOYNTON BEACH FL 33435		Date Incorporated or Qualified	3a. Date of Last I	Report	
					10/27/1983	04/07/19	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-2332741		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· • · · · · · · · · · · · · · · · · · ·		\$8.75 Additional		Not Applicable
22		27		5. Certificate of Status Desired		Required	
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country Zip		Count	ry	This corporation has liability for intangible tax under s 199,032, Florida Statutes		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			8	1 Name			
JARED, O. ALAN III 935 EMERALD ROW			8	2 Street Add	et Address (P.O. Box Number is Not Acceptable)		
	REAM FL 33483		8	3			
30 m 3 m 1 E 30 100			B	4 City		leel 3	Za Cada
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t				1 ''		 	Zip Code
OI TOGISTOL	ed agent, or both, in the state of ric	nga, buch change was aumon	zea av the col	r-named corpo rporation's boa	eration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office d agent. I am
SIGNATURE _	th, and accept the obligations of, Se	ction 607.0505, Florida Statute	ıs.				
				ent signature requir	ed when reinstating:	DATE	
TITLE	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	
NAME	JARED, O. ALAN, III	Dettere	1. T HIL 1.2 NAM	1		☐ Change	Addition
STREET ADDRESS	935 EMERALD ROW			ET ADDRESS			
CITY-ST-ZIP	GULF STREAM FL		1.4 CITY				
TITLE	DS	☐ DELETE	2 1 TITL			Change	Addition
NAME	GRAVES, DAVID B.		2.2 NAM				
STREET ADDRESS	903 S.W. 28TH AVENUE	• • • • • • • • • • • • • • • • • • • •		ET ADDRESS			
CITY - ST - ZIP TITLE	BOYNTON BEACH FL	DV.		-ST-ZIP			
NAME	GUZZO, FRANCIS P.	DELETE	3. 1 TITL			Change	☐ Addition
STREET ADDRESS	16 SABAL ISLAND DRIVE	, ,	3.2 NAM		-	:	
CITY-ST-ZIP	BOYNTON BEACH FL		3.3. STRE 3.4 CITY	ET ADDRESS			
TITLE	DT	DELETE 4.1				Change	Addition
NAME	CAVANAGH, RICHARD C.	_	4.2 NAM			- Change	
STREET ADDRESS	4134 SHELLDRAKE LN			ET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY	ST-ZIP			
TITLE	DS	☐ DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME	PHILLIPS, JOSEPH F.		5.2 NAME				
STREET ADDRESS	52 RIVER DRIVE		5.3 STRE	T ADDRESS			
CITY-ST-ZIP	OCEAN RIDGE FL D	Fil Doctor	5.4 CITY-				
TITLE NAME	ROONEY, STEVEN J	DELETE	6. 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS	930 EMERALD ROW		6.2 NAME	ŀ			
CITY-ST-ZIP	CHIE CTDEAM EI			T ADDRESS			
14. I do hereby	v certify that the information supplied	with this filing is voluntarily fun	6.4 CITY- nished and do	es not quality t	for the exemption stated in Section 119.0)7(3)(k). Florida Statu	tes I further
certify that oath; that I	the Information indicated on this and am an officer or director of the sorp	nual report or supplemental and oration or the receiver or truste	nual report is to ee empowered	rue and accura I to execute th	ate and that my signature shall have the sis report as required by Chapter 607, Flo	same legal effect as i rida Statutes; and th	f made under lat my name

2/7/96 (404) 437-1733