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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33435-7834

3. Date Incorporated or Qualified 10/27/1983	3a. Date of Last Report 03/19/1996
4. FEI Number 59-2332741	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DB Graves, David B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARED, O. ALAN, III	1.2 NAME	903 SW 28th Ave
STREET ADDRESS	935 EMERALD ROW	1.3 STREET ADDRESS	Boynton Beach, FL 33435
CITY - ST - ZIP	GULF STREAM FL	1.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZZO, FRANCIS P.	2.2 NAME	
STREET ADDRESS	16 SABAL ISLAND DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAGH, RICHARD C.	3.2 NAME	
STREET ADDRESS	4134 SHELLDRAKE LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	PHILLIPS, JOSEPH F.	4.2 NAME	
STREET ADDRESS	52 RIVER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME	ROONEY, STEVEN J	5.2 NAME	
STREET ADDRESS	930 EMERALD ROW	5.3 STREET ADDRESS	
CITY - ST - ZIP	GULF STREAM FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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; 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: Steven J. Rooney Director 1/28/97 (Seal) 737-7733 X4  
SIGNATURE (OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone

CR2E034 (9/96)