

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H25307 (0)

1. Corporation Name

C FARER ASSOCIATES, INC.



Principal Place of Business

2188 W. ATLANTIC AVE.
DELRAY BEACH FL 33445
US

Mailing Address

2188 W. ATLANTIC AVENUE
DELRAY BEACH FL 33445
US

3. Date Incorporated or Qualified
10/12/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 5317 Sunrise Blvd.

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

24 33484

25 Country

25 Palm Beach

2a. Mailing Address

26 5317 Sunrise Blvd.

Suite, Apt. #, etc.

27 City & State

28 Delray Beach, FL

29 33848

30 Country

30 Palm Beach

4. FEI Number

59-2443228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SCHOLINE, MELVIN E.
5317 SUNRISE BLVD.
DELRAY BCH. FL 33445

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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's signature to be filed when not changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

D

Scholine, Melvin E.
5317 Sunrise Blvd.
Delray Beach, FL

DP

Scholine, Wade L.
12697 Coral Breeze Drive
Wellington, FL 33414

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

Lucy Scholine

Lucy Scholine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/12/96

407-495-5750

Date

Daytime Phone #

CR2E034 (12/95)