

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H85515** (5)  
1. Corporation Name  
**CORPORATE ASSOCIATES INC.**



Principal Place of Business  
**670 5806 PGA BLVD.  
SUITE 214  
PALM BCH GARDENS FL 33410  
US**

Mailing Address  
**670 5806 PGA BLVD.  
SUITE 214  
PALM BCH GARDENS FL 33410  
US**

3. Date Incorporated or Qualified **11/14/1985** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business  
21. **340 Royal Palm Way**  
Suite, Apt. #, etc.  
22. **Suite 100**  
City & State  
23. **Palm Beach, Florida**  
Zip Country  
24. **33480** 25. **USA**

2a. Mailing Address  
26. **340 Royal Palm Way**  
Suite, Apt. #, etc.  
27. **Suite 100**  
City & State  
28. **Palm Beach, Florida**  
Zip Country  
29. **33480** 30. **USA**

4. FEI Number **59-2743347** 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

9. Name and Address of Current Registered Agent

**FREDERIC T. DEHON, JR.  
5806 PGA BLVD.  
STE. 214  
PALM BCH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name **Frank T. Pilotte**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**340 Royal Palm Way**  
83. **Suite 100**  
84. City **Palm Beach** FL 85. Zip Code **33480**

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]* **Frank T. Pilotte** **4-17-96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>DPT</b>			
	<b>HABICHT, FRANK H.</b>	<b>209 SANFORD AVENUE</b>	<b>PALM BEACH FL</b>	
	<b>DVS</b>			
	<b>HABICHT, JEANNE P.</b>	<b>209 SANFORD AVENUE</b>	<b>PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; that I am a shareholder or trustee 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 in an attachment with an address.

SIGNATURE *[Signature]*  
Frank H. Habicht

**4-17-96** (407) 655-0090

CR2E034 (12/95)