

2-10-95 B-1073-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:18

DOCUMENT # J21014 (2)
 1. Corporation Name
C S T. CORP.

Principal Place of Business Mailing Address
**301 FOREST AVE. 301 FOREST AVE.
 COCOA FL 32922 COCOA FL 32922**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1986** 3a. Date of Last Report **06/09/1994**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-2694197** Applied For
 Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be
 Added to Fees**

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATECHIS, SPIRO A.
 301 FOREST AVE.
 COCOA FL 32922**

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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CATECHIS, SPIRO A.
STREET ADDRESS	301 FOREST AVE.
CITY- ST- ZIP	COCOA FL
TITLE	ST
NAME	CATECHIS, ESTHER M.
STREET ADDRESS	301 FOREST AVE.
CITY- ST- ZIP	COCOA FL
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	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S. A. Catechis 2/6/95 yrs. 407.632-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date