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 # J28944 (3)

1. Corporation Name
C T H, CORPORATION

Principal Place of Business
9881 E BAY HARBOR DR #100. BAY HARBOR.FL
P O BOX 54-6723
SURFSIDE FL 33154-7723

Mailing Address
9881 E BAY HARBOR DR #100. BAY HARBOR.FL
P O BOX 54-6723
SURFSIDE FL 33154-7723

3. Date Incorporated or Qualified: 08/15/1986
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business
21 9
Suite, Apt. #, etc
22 P.O. Bx 54-6733
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 PO Bx 54-6733
City & State
28
Zip 29 | Country 30

4. FEI Number: 59-2754342 ☐ 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

GILI, THOMAS
9881 EAST BAY HARBOR DRIVE, #100
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

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 reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTENS, HERMAN	
STREET ADDRESS	MOUNT AIRY LODGE	
CITY-ST-ZIP	MT. POCONO PA	
TITLE	D	☐ DELETE
NAME	MARTENS, JOHN	
STREET ADDRESS	1385 YORK AVE #35F	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	GILI, THOMAS	
STREET ADDRESS	9881 E BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME	MARTENS, JOHN	
2.3 STREET ADDRESS	1073 SW 10 TH AVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 05.08.96 (305)865-7857

CR2E034 (12/95)

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