

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J28944

1. Corporation Name  
C T H, CORPORATION

Principal Place of Business

P. O. BOX 54-6733  
P O BOX 54-6723  
SURFSIDE FL 33154-7723  
US

Mailing Address

P. O. BOX 54-6733  
P O BOX 54-6723  
SURFSIDE FL 33154-7723  
US

2. Principal Place of Business

21 P.O. BOX 54-6733

22 Suite, Apt. #, etc.  
P.O. BOX 54-6733

23 City & State  
SURFSIDE FL

24 Zip  
33154-0733

25 Country  
DADE

2a. Mailing Address

26 P.O. BOX 54-6733

27 Suite, Apt. #, etc.  
P.O. BOX 54-6733

28 City & State  
SURFSIDE FL

29 Zip  
33154-0733

30 Country  
DADE

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90016 041 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1986

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 owes the current year Intangible  
Personal Property Tax.

☐ 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  
GILI, THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)  
462 W 84 ST

83 HIALEAH FLORIDA

84 City

FL

85 Zip Code

33014

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

THOMAS GILI (V.O.)

04/15/99

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTENS, ADRIAN  
MOUNT AIRY LODGE  
MT. POCONO PA 18344

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARTENS, JOHN  
1073 SW 10TH AVE  
BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GILI, THOMAS  
9881 E BAY HARBOR DR.  
BAY HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VD  
GILI, THOMAS  
P.O. BOX 54-6733  
SURFSIDE FL 33154-0733  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I 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; 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS GILI

04/15/99

Daytime Phone #

820 0200

CR2E034 (11/98)