

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J37589

(5)

1. Corporation Name

CFA MANAGEMENT, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 9:45

Principal Place of Business

**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
BOCA RATON FL 33487
US**

Mailing Address

**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
BOCA RATON FL 33487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1986

3b. Date of Last Report
02/04/1994

4. FEI Number
59-2737831

Applied Fee
Not Applicable

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Last Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.002.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. # etc.

2a. Mailing Address

2b. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. 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 607.0508, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title of agent only)

(Signature, typed or printed name of registered agent and title of agent only)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL NAMES TO BE LISTED AND ADDITIONAL INFORMATION

TITLE	VSD
NAME	CONWAY, STEPHEN P
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
CITY, ST, ZIP	BOCA RATON FL
TITLE	PT
NAME	CONWAY, JERRY B.
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4
CITY, ST, ZIP	BOCA RATON FL
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	

1. NAME		☐ Change ☐ Additions
2. NAME		☐ Change ☐ Additions
3. NAME		☐ Change ☐ Additions
4. NAME		☐ Change ☐ Additions
5. NAME		☐ Change ☐ Additions
6. NAME		☐ Change ☐ Additions
7. NAME		☐ Change ☐ Additions
8. NAME		☐ Change ☐ Additions
9. NAME		☐ Change ☐ Additions
10. NAME		☐ Change ☐ Additions
11. NAME		☐ Change ☐ Additions
12. NAME		☐ Change ☐ Additions
13. NAME		☐ Change ☐ Additions
14. NAME		☐ Change ☐ Additions
15. NAME		☐ Change ☐ Additions
16. NAME		☐ Change ☐ Additions
17. NAME		☐ Change ☐ Additions
18. NAME		☐ Change ☐ Additions
19. NAME		☐ Change ☐ Additions
20. NAME		☐ Change ☐ Additions

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to law firm (FIC 102.004), 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 serve the same legal effect as if made on oath. That I am an officer or director of the corporation or the owner or in whom 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SP Conway **Stephen P. Conway President**

1/10/95 **467 897 5601**
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