

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matlock
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K07374 (7)**

1. Corporation Name
CPT OF JACKSONVILLE, INC.



Principal Place of Business
**% EDWIN PRESSER
4811 BCH BLVD. 302 SCOTT BLDG
JACKSONVILLE FL 32207-4870**

Mailing Address
**% EDWIN PRESSER
4811 BCH BLVD. 302 SCOTT BLDG
JACKSONVILLE FL 32207-4870**

46 Edwin Presser

2. Principal Place of Business
21 **3716 S. University Blvd.**
Suite, Apt. # etc.

2a. Mailing Address
26 **3986 Boulevard Center Dr.**
Suite, Apt. #, etc.

22 **Jacksonville, FL**
City & State

27 **Suite 106**
City & State

23 **32216 USA**
Zip Country

28 **32207 USA**
Zip Country

9. Name and Address of Current Registered Agent

**PRESSER, EDWIN
4811 BEACH BLVD
302 SCOTT BUILDING
JACKSONVILLE FL 32207**

81 Name **Edwin Presser**
82 Street Address (P.O. Box Number is Not Acceptable) **3986 Boulevard Center Drive**
83 **Suite 106**
84 City **Jacksonville** FL 85 Zip Code **32207**

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **02/28/1995**

4. FEIN Number **59-2862583** Applied For Not Applicable

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

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

8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 602.021 and 602.022, Florida Statutes, the above named corporation certifies 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 or body in receipt of the corporate seal as registered agent. I am familiar with and accept the obligations of Sections 602.021, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ROGOZINSKI, SAM	
STREET ADDRESS	3716 S. UNIVERSITY BLVD	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogozinski, Sam	
STREET ADDRESS	3716 S. University Blvd.	
CITY, ST, ZIP	Jacksonville, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing complies with Form 990 and does not qualify for the exemption stated in Section 199.073(5)(c), Florida Statutes. I further certify that the information indicated on this form is true and correct or supplemental information 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 registered agent, or authorized to execute this report pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, the signature must be dated.

SIGNATURE:

Sam Rogozinski
Sam Rogozinski
President

4/16/96

CR2E034 (12/95)