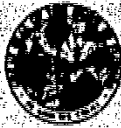


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K85833

(7)

1. Corporation Name

CTI OF WEST BROWARD, INC.

**APPROVED
AND
FILED**

95 APR 28 PM 2:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4491 S. STATE RD. 7
S-200
FT. LAUDERDALE FL 33314-4032
US**

Mailing Address

**4491 S. STATE RD. 7
S-200
FT. LAUDERDALE FL 33314-4032
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0122251

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**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

9. Name and Address of Current Registered Agent

**BOISVERT III, LOUIS W
4491 S. STATE RD. 7
S-200
FT. LAUDERDALE FL 33314-4032**

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

I, Boisvert III, Louis W, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

KLAMM, ULLRICH

STREET ADDRESS

S-200

CITY - ST - ZIP

FT LAUDERDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

same

4491 S. STATE RD. 7, S-200

same

☒ Change ☐ Addition

TITLE

S

NAME

BOGARD, SHARON

STREET ADDRESS

4491 S STATE RD 7 S-200

CITY - ST - ZIP

FORT LAUDERDALE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S

BERNARD O'DONNELL, CAROL

same

☒ Change ☐ Addition

TITLE

DVP

NAME

STRIKOWSKI, JACOB J.

STREET ADDRESS

S-200

CITY - ST - ZIP

FT. LAUDERDALE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

NO LONGER w/ CORP.

☒ Change ☐ Addition

TITLE

T

NAME

DOBROVOSKY, USA

STREET ADDRESS

4491 SO. S.R. 7 S-200

CITY - ST - ZIP

FT LAUDERDALE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

DVP

NAME

BOISVERT, LOUIS 1

STREET ADDRESS

4491 SO. S.R. 7 S-200

CITY - ST - ZIP

FT. LAUDERDALE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

I, Boisvert III, Louis W, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)