

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 # K85833

(7)

1. Corporation Name

CTI OF WEST BROWARD, INC.

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

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

04/28/1995

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

8. 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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 firm, if applicable

(NOTE: Registered Agent Signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
KLAMM, ULLRICH
STREET ADDRESS 4491 S. STATE RD 7, SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME S
BEFANIS O'DONNELL CAROL
STREET ADDRESS 4491 S STATE RD 7 S-200
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME T
DOBROVOSKY, LISA
STREET ADDRESS 4491 SO. S.R. 7 S-200
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME DVP
BOISVERT, LOUIS 1
STREET ADDRESS 4491 SO. S.R. 7 S-200
CITY-ST-ZIP FT. LAUDERDALE FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001783819

-04/17/96--01045--030

***200.00

Louis W. Boisvert, III

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:

Louis W. Boisvert, III

4/5/96

(954) 321-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)