

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

APPROVED
AND
FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L74035

(1)

1. Corporation Name

CTI OF NEW JERSEY, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1990

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0306032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032.

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOISVERT, LOUIS W. III
4491 SO STATERD 7
STE 200
FT. LAUDERDALE FL 33314**

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 in Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 **ULLRICH, KLAMM**
STREET ADDRESS **4491 SO STATE RD 7, STE 200**
CITY - ST - ZIP **FT. LAUDERDALE FL**

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

TITLE **VPD**
NAME **STRIKOWSKI, JAKE**
STREET ADDRESS **4491 SO SR 7, STE 200**
CITY - ST - ZIP **FT. LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **NO LONGER WITH CORP.**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **ST**
NAME **BOGARD, SHARON**
STREET ADDRESS **4491 SO STATE RD7, STE 200**
CITY - ST - ZIP **FT. LAUDERDALE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S CAROL BEFANIS O'DONNELL**
3.3 STREET ADDRESS **{ SAME }**
3.4 CITY - ST - ZIP

TITLE **T**
NAME **DOBROVOSKY, LISA**
STREET ADDRESS **4491 SO STATE RD 7, STE 200**
CITY - ST - ZIP **FT LAUD FL**

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

TITLE **DVPC**
NAME **BOISVERT, LOUIS W. III**
STREET ADDRESS **4491 SO SR 7, STE 200**
CITY - ST - ZIP **FT LAUD FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 007, 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/Phone #