

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 19 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M86397 (O)

1. Corporation Name
CTI PROPERTIES, INC.

Principal Place of Business Mailing Address
2501 CLARK ST. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/21/1988** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-2451354** 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. 188.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NEFF, GLENN CARMEN
2501 CLARK ST.
APOPKA FL 32703

10. Name and Address of New Registered Agent
81 Name **Louv, Arthur R.**
82 Street Address (P.O. Box Number is Not Acceptable) **2501 Clark Street**
83
84 City **Apopka** FL 85 Zip Code **32703**

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 *Arthur R. Louv* **ARTHUR R. LOUV** 18 APR 1995
Signature, typed or printed name of registered agent and the # application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **NEFF, GLENN CARMEN**
STREET ADDRESS **105 SPRING VALLEY LOOP**
CITY- ST- ZIP **ALTAMONTE SPRINGS FL**
TITLE D
NAME **NEFF, GLENN CAMPBELL**
STREET ADDRESS **868 LITTLE BEND RD.**
CITY- ST- ZIP **ALTAMONTE SPRGS. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1 TITLE Change Addition
NAME **D NEFF, DAVID S.**
2. 2 STREET ADDRESS **567 S. SUNDANCE DRIVE**
3. 3 CITY- ST- ZIP **LAKE MARY, FL**
200001460642
-04/20/95--01005--010
****200.00 ****200.00
4. 4 CITY- ST- ZIP
5. 5 CITY- ST- ZIP
6. 6 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)(b), 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 addressee.

SIGNATURE: *Glenn C. Neff* - Pres 4-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11/95)