

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020093 (9)

1. Corporation Name

THE CICADA GROUP, INC.

Principal Place of Business

% CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Mailing Address

% CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

12/06/1994

4. FEI Number

04-3186435

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

6. This corporation has liability for delinquencies under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

City & State

City & State

24

25

Country

29

30

City & State

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 required for principal place of registered agent and for all other agents)

(Signature required for principal place of registered agent and for all other agents)

(Signature required for principal place of registered agent and for all other agents)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTSD
ZANOLI, TONI-LEE
41 GROVE ST
WAYLAND MA 01778

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY, ST, ZIP

1.4 CITY, ST, ZIP

1.1 TITLE

AS
MURPHY, JOHN R
15 LAWRENCE RD
CHESTNUT HILL MA 02187

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY, ST, ZIP

2.4 CITY, ST, ZIP

1.1 TITLE

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☐ Change ☐ Addition

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4.2 NAME

STREET ADDRESS

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4.4 CITY, ST, ZIP

1.1 TITLE

AS
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15 LAWRENCE RD
CHESTNUT HILL MA 02187

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

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CHESTNUT HILL MA 02187

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(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 it would 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:

Toni-Lee Zanoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TONI-LEE ZANOLI

4/15/95

Date

Signature