FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

P93000057544 (7)

C & A SOLUTIONS, INC.

0 4 71								
Principal Place	e of Business	Mailing Address				1 110/1860 110 10/10 11/11 80/11 80/11 17 /11 00/	.DI DIRRI 1900 BAID 10.	DIDIA DIDA 1801
1986 WINDW	ARD WAY	1986 WINDWARD WAY						
VERO BEACH		VERO BEACH FL 32963				DO 1107 14/DITE (11.7)	WA DD 4 OF	
US		US				DO NOT WRITE IN THE	HIS SPACE	
						3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address				08/13/1993 4. FEI Number		Applied For
21	iace of Bosiness	26. Walling Address				65-0434624		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	*					Additional
22		27				5. Certificate of Status Desired		Required
City & State	е	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the	current year I	ntangible
24	25	29	30		·	Personal Property Tax due June 30.		□ No
	g. Name and Address of Curre	ent Registered Agent	——— <u>—</u>	1 Name		10. Name and Address of New Register	red Agent	
	JSSELL, BARBARA K		l°	11 Name				
1986 WINDWARD WAY			Ē	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
VE	RO BEACH FL 32963		-	13		·····		
				13				
			[6	4 City			85 Zip	Code
44 Pursuant t	to the provisions of Sections 607.05	.02 and 607 1508 Florida Statut	or the abo	we-named	Leorna	ration submits this statement for the purpos		ite registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was a	authorized	by the corp	poratio	n's board of directors. I hereby accept the	appointment a	s registered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statu	les.				
SIGNATURE	Signature, typed or printed name of rog stored as	cont and little if applicable (NOT	F Registered	oent signature	required	when reinstating) DA	TE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		PRS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E			Change	Addition
NAME	russell, barbara k		1.2 NAM	E				
STREET ADDRESS	1986 WINDWARD WAY		1.3 STR	ET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY	-ST-ZIP				
TITLE	D			2.1 TITLE			Change	Addition
NAME	RUSSELL, ROBERT S		2.2 NAME					
STREET ADDRESS	1986 WINDWARD WAY		2.3 STR	ET ADDRESS		e de la Carlo		
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 CIT	/-ST-ZIP	ļ			
TITLE		☐ DELETE	3.1 TITL		1		L Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY - ST - ZIP			_	-ST-ZIP				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	4.1 TITL				☐ Change	L Addition
NAME			4 2 NAM					
STREET ADDRESS				et address				
CITY-ST-ZIP		DELETE		-ST-ZIP			Change	Addition
TITLE		☐ DELETÉ	5.1 TITLE				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
City-ST-ZIP		☐ DELE te	5.4 CITY		-		Change	Addition
TITLE			6.1 TITLE				- Oriente	
NAME CTREET ADDRESS			6.2 NAM	ET ANDRESS	İ			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

6.4 CITY - ST - ZIP