Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90016 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000057544

STREET ADDRESS

C & A SOLUTIONS, INC.

Principal Place of Business Mailing Address						t Astra Langua marra	EIEN GIOLEGO
1986 WINDWARD WAY		1986 WINDWARD WAY	1986 WINDWARD WAY				
VERO BEACH FL 32963		VERO BEACH FL 32963		DO NOT WRITE IN THIS	SPACE		
US US		US	3		3. Date Incorporated or Qualifed	) OF AOL	
					08/13/1993		ļ
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ar	plied For
21		26		65-0434624	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	Additional	
22		27			C. Continuate of States 200		equired
City & State		City & State	<b>⊢</b> , ′		6. Election Campaign Financing	•	May Be
23	28		Country		Trust Fund Contribution		to Fees
Zip	Country	— · ·			<ol><li>This corporation owes the current year in Personal Property Tax.</li></ol>	tangible □ Yes	<b>a</b> No
24	9. Name and Address of Curren	<del></del>	<u> 1</u>		10. Name and Address of New Registered		
	9. Name and Address of Curren	t Kadiziaian Walit	81	Name	(a. Hamo and place)		
RUSSELL, BARBARA K				4			
1986 WINDWARD WAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		į
VERO BEACH FL 32963			83				
			84	City		85 Zip	Code
					poration submits this statement for the purpose o		ragistared
11. Pursuant to the provisions of sections of 304.0322 and 607.1305, Florida Statutes, the above-mainted corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
12.	D OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/OFFICE TO OFFICE ROAD	☐ Change	Addition
NAME	RUSSELL, BARBARA K						
STREET ADDRESS	1986 WINDWARD WAY	•	1.3 STREET	ADDRESS			,
CITY-ST-ZIP			1.4 CITY-S				
TITLE	<u></u>		2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	The second secon		2.3 STREET	ADDRESS		٠	J
CITY-ST-ZIP			2. 4 CITY-9	ST-ZIP			
TITLE		☐ DELETE 3.1			_ · · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-9	T-ZIP			
TITLE		☐ DELETE	4.1 TTLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			D addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		•	5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				

CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: