

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

**FILED**

**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000070744 (6)**

**1. Corporation Name  
CTSP ENTERPRISES, INC.**



**Principal Place of Business  
2400 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301**

**Mailing Address  
2400 E LAS OLAS BLVD  
FT LAUDERDALE FL 33301-1529**

**3. Date Incorporated or Qualified 10/05/1993**      **3a. Date of Last Report 05/14/1996**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 65-0453015	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b> City & State	<b>27</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip	<b>28</b> Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country		

**9. Name and Address of Current Registered Agent**

**LAVENDER, JOEL R  
507 SE 11TH CT  
FT. LAUDERDALE FL 33316**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>DPVS</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CORREA, VIVIAN</b>	<b>1.2 NAME</b>	<b>VIVIAN CORREA</b>
<b>STREET ADDRESS</b>	<b>2400 E LAS OLAS BLVD</b>	<b>1.3 STREET ADDRESS</b>	<b>2400 E LAS OLAS FT LAUD FL 33301</b>
<b>CITY - ST - ZIP</b>	<b>FT LAUDERDALE FL 33301</b>	<b>1.4 CITY - ST - ZIP</b>	<b>FT LAUD FL 33301</b>
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<b>V. PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>CORREA, VIVIAN</b>	<b>2.2 NAME</b>	<b>LOUISA MARCHECO</b>
<b>STREET ADDRESS</b>	<b>2400 E LAS OLAS BLVD</b>	<b>2.3 STREET ADDRESS</b>	<b>2400 E LAS OLAS FT LAUD FL 33301</b>
<b>CITY - ST - ZIP</b>	<b>FT LAUDERDALE FL 33301</b>	<b>2.4 CITY - ST - ZIP</b>	<b>FT LAUD FL 33301</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	<b>TOMY CORREA</b>
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	<b>2400 E LAS OLAS BLVD</b>
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	<b>FT LAUD FL 33301</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I do 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.**

**SIGNATURE:** *[Signature]* **DATE:** 3/14/97 **DAYTIME PHONE #:** 954 4634315

CR2E034 (9/96)