FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000086956 (8)**

1. Corporation Name

C & A REAL ESTATE, INC.

Principal Place of Business
3824 SE DIXIE HWY
STUART FL 34997
US

Mailing Address
P O BOX 3000
STUART FL 34995
US

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

4. FEI Number: 65-0453856 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ (4) $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHRISTENSON, NEILS P
3824 SE DIXIE HWY
STUART FL 34996

10. Name and Address of New Registered Agent

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 607.1506, 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 (see instructions above) (Required for change in registered office or registered agent) (Registered Agent Signature required below if change) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD ☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSON, NEILS PETER	1.2 NAME		
STREET ADDRESS	3824 S.E. DIXIE HWY	1.3 STREET ADDRESS		
CITY, ST, ZIP	STUART FL	1.4 CITY, ST, ZIP		
TITLE	D ☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBERG, ROBERT L	2.2 NAME		
STREET ADDRESS	4601 N.W. 26TH AVE.	2.3 STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP		
TITLE	V ☐ DELETE	3.1 TITLE	Pres	☒ Change ☐ Addition
NAME	KRUNIC, DAVID	3.2 NAME		
STREET ADDRESS	1027 S.W. SPRUCE ST.	3.3 STREET ADDRESS		
CITY, ST, ZIP	PALM CITY FL	3.4 CITY, ST, ZIP		
TITLE	T ☐ DELETE	4.1 TITLE	T/S	☐ Change ☒ Addition
NAME	SCHLEMMER, JACI	4.2 NAME		
STREET ADDRESS	9406 S.E. MERCURY ST.	4.3 STREET ADDRESS		
CITY, ST, ZIP	HOBE SOUND FL	4.4 CITY, ST, ZIP		
TITLE	S ☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, PJ	5.2 NAME		
STREET ADDRESS	840 US HWY. 1, STE. 120	5.3 STREET ADDRESS		
CITY, ST, ZIP	NORTH PALM BEACH FL	5.4 CITY, ST, ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY, ST, ZIP		6.4 CITY, ST, ZIP		

CR2E034 (12/95)

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)(k), 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: , Jaci Schlemmer 1/22/96 407-287-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #