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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90033 006 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000002956**

1. Corporation Name  
**COMPUTER ASSISTED TECHNOLOGIES, INC.**



Principal Place of Business  
 100 SHORE DRIVE  
 LONGWOOD FL 32779

Mailing Address  
 P.O. BOX 3128  
 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **2445 Riverview Dr. NE**

2a. Mailing Address  
 26 **PO Box 60278**

3. Date Incorporated or Qualified  
**01/05/1994**

4. FEI Number  
**59-3243610**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
 23 **Palm Bay, FL**

27 Suite, Apt. #, etc.  
 28 **Palm Bay, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

24 Zip **32905** 25 Country **USA**

29 Zip **32906** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIGGS, STEPHEN D**  
 100 SHORE DRIVE  
 LONGWOOD FL 32779

81 Name **Biggs, Stephen D.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2445 Riverview Drive, N.E**  
 83  
 84 City **Palm Bay** FL 85 Zip Code **32905**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BIGGS, STEPHEN D</b>	
STREET ADDRESS	<b>100 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BIGGS, CHRISTINE E</b>	
STREET ADDRESS	<b>100 SHORE DR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Biggs, Stephen D.</b>	
1.3 STREET ADDRESS	<b>2445 Riverview Drive NE</b>	
1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Biggs, Christine E</b>	
2.3 STREET ADDRESS	<b>2445 Riverview Drive NE</b>	
2.4 CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: **Christine E Biggs, Christine E Biggs** 1/18/99 407-733-1717  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)