# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008109 (8)

1. Corporation Name
C.I.P. INCORPORATED

Principal Place of Business
16375 NE 18TH AVE.
SUITE 206
NORTH MIAMI BEACH FL

Mailing Address
16375 NE 18TH AVE.
SUITE 206
NORTH MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1542 Shaker Circle
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach, FL
24: Zip: 33414
25: Country: U.S.A.

2a. Mailing Address
26: 1542 Shaker Circle
27: Suite, Apt. #, etc.
28: City & State: West Palm Beach FL
29: Zip: 33414
30: Country: U.S.A

4. FEI Number: 65-0478861 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 U.S.C. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, CAROLINE
1820 NE 163 STREET
SUITE 203
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: FRED WOODWARD JR.
82 Street Address (P.O. Box Number Is Not Acceptable): 1542 Shaker Circle
83:
84 City: West Palm Beach FL 85 Zip Code: 33414

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: FRED WOODWARD JR. Pres. (Typed or printed name of registered agent and title if applicable) (New Registered Agent Signature (required) when applicable) DATE: 5/9/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | Same PD, T | ☒ Change ☐ Addition |
| NAME | WOODWARD, FRED JR | 12 NAME | Same | |
| STREET ADDRESS | 1552 MONTAUK DRIVE | 13 STREET ADDRESS | 1542 Shaker Circle | |
| CITY ST ZIP | WELLINGTON FL 33414 | 14 CITY ST ZIP | West Palm Beach, FL 33414 | |
| TITLE | V | 21 TITLE | Same V, S | ☒ Change ☐ Addition |
| NAME | WOODWARD, MARY | 22 NAME | Same | |
| STREET ADDRESS | 1552 MONTAUK DRIVE | 23 STREET ADDRESS | 1542 Shaker Circle | |
| CITY ST ZIP | WELLINGTON FL 33414 | 24 CITY ST ZIP | West Palm Beach, FL 33414 | |
| TITLE | | 31 TITLE | V.P. | ☐ Change ☒ Addition |
| NAME | | 32 NAME | Wayne W. Woodward | |
| STREET ADDRESS | | 33 STREET ADDRESS | 1542 Shaker Circle | |
| CITY ST ZIP | | 34 CITY ST ZIP | West Palm Beach, FL. 33414 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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)(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 above, or on an attachment with an address.

SIGNATURE: Fred Woodward Jr Pres. 5/9/95 407-798-5013
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)

0178035 CP