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PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000016436 (5)

| DOCUMENT # P94000016436 (5) CFT PROPERTIES, INC. | | | | | |
|--|---|---|--|---|---|
| Principal Place of Business 433 PLAZA REAL. SUITE 335 BOCA RATON FL 33432 | | Mailing Address 433 PLAZA REAL. SUITE 335 BOCA RATON FL 33432 | | | |
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| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 3. Date Incorporated or Qualified 03/02/1994 | 3a. Date of Last Report 05/01/1995 |
| Principal Plac | ce of Business | 2a. Maling Address | | 4. FEI Number | Applied For |
| r moipar i eac | oc of Bearings | 26 | | 65-0474099 | Not Applicat |
| Suite, Apt. #, | elc. | Suite Apt. #, etc | | 5. Gertificate of Status Desired | \$8.75 Additional Fee Required |
| Cat. 9 Ctols | | City & State | | Flection Campaign Financing | \$5.00 May Be |
| City & State | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Ζφ | Country | 8. This corporation has liability for it | ntangijke tax under s. 199.032, |
| | 25 | [29] | 30 | Florida Statutes Yes 10. Name and Address of New R | |
| | 9. Name and Address of Current | Hegistered Agent | 81 Name | to, name and reduces of the | <u> </u> |
| CDACG | K i | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | le} |
| GRAGG, K L White & Case | | | | 1635 (1.0. 153. 144. 155. 157. 157. 157. 157. 157. 157. 157 | |
| | SCAYNE BLVD. SUITE 4900 | | 83 | | |
| MIAMI FL | L 33131 | | 84 City | | FL 85 Zip Code |
| | | 1007 4500 5 11 24 64 | too the observed person | ration submits this statement for the pur | man of absorbing its requisioned of |
| NIAT LIEF | | | NOTE Begidenal Agent synstem och in | | EMT _k |
| ENATURE . | Signature, typed or protein dains, or regulated deposit or OFFICERS AND DP | atto da pleare (| tviili Registered Agent signature require 13. 1 1 Till E | | DATE ICERS AND DIRECTORS IN 12 |
| E E | Signature, typed or protein fairs, or requirement egical at OFFICERS AND DP CROCKER, THOMAS J | a triodaphane (DIRECTORS | to TIE. Registered Apad synstan routin. 13. 1 1 TILLE 12 NAME | on when nemetating | DATE ICERS AND DIRECTORS IN 12 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A ISENT ONESKO Y/29/86 407-38'-866

CS 5/1/46

CR2E034 (12/95)