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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mor#Nam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017097 (4)

C&A REALTY INVESTMENTS, INC.

FILED Aug 15 1997 8:00am Secretary of State



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Principal Place of Business Mailing Addr				r seetinger eine tatit geger dater natur alter beidt tildtr sabit datig 1644 (63) (63)		
1837 8. FEDER STUART FL 34		1837 S. FEDERAL HIGHWA Stuart Fl 34994-3977	Y			
				3. Date Incorporated or Qualified 03/03/1994	3a. Date of Last Report 08/05/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Suile, Apt. #, etc.	 		\$8.75 Additional Fee Required	
City & State		City & State	 		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29	30		Yes No	
	· · · · · · · · · · · · · · · · · · ·	of Current Registered Agent		10. Name and Address of New Ro	egistered Agent	
	nes, matthew a		81 Name	JONES, MATTHEW		
	S FEDERAL HWY		82 Street	Address (P.O. Box Number is Not Accepta	bie)	
	TE 200			Address (P.O. Box Number is Not Accepta	HWY	
STU	JART FL 34994		83 0	Buite 212	İ	
			84 City	Jone all	■ 85 Zip Code ,	
			' " ",	(SAME)	FL (SAME)	
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statute	es, the above-named	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered	
agent. I a	am familiar with, and accept	the ob <u>ligations of,</u> Section 607.0505, Flo	orida Statutes.	poration's poard of directors. Thereby acce	spit the appointment as registered	
SIGNATURE	MATTA	HEW JONES			5/20/97	
	Signature, typed or pointed name of re	gisterud agent and title if applicable (NOII	: Registered Agent signature		DATE	
12.		DERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	 	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	CONDON, L.		1.2 NAME			
STREET ADDRESS	1837 S FEDERAL		1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELFTE	2.1 TITLE		☐ Change ☐ Addition	
NAME	1		22 NAME			
STREET ADDRESS	<u> </u>		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE .	ł	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ļ		3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS		İ	
CITY-ST-ZIP			3.4. CITY-ST-7IP			
TITLE 🗼	-	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	l		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	= ===================================	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		PE	
STREET ADDRESS			5.3 STREET ADDRESS		18:15	
CITY-ST-ZIP			5.4 CITY - ST - ZiP		v • • • •	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME	}		6.2 NAME	1 00000550	្តីរក់ដែរ	
STREET ADDRESS			6.3 \$1REE1 ADDRESS	10000227 -08/19/97010 ***550 00	31011	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***550,00		
WILL AL PA	1		Sargari or gal			

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 receives 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 an interachment with an address.

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