

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90152 035 ***158.75

DOCUMENT # P96000034234

1. Corporation Name
CTC SERVICES, INC.

Principal Place of Business

2665 S. BAYSHORE DR
SUITE 703
MIAMI FL 33133
US

Mailing Address

2665 S. BAYSHORE DR
SUITE 703
MIAMI FL 33133
US

2. Principal Place of Business

21 3191 Coral Way
Suite, Apt. #, etc.

22 Suite 115-216

23 Miami, Florida

24 33145 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1996

4. FEI Number

65-0671705

Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

☑ No

9. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES
2665 S BAYSHORE DRIVE
SUITE 703
MIAMI FL 33133

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 607.1508, 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

01/12/99

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MUHS, THOMAS J.
2665 S. BAYSHORE DR, SUITE 703
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
RICHARDS, TIMOTHY D.
2665 S. BAYSHORE DR, SUITE 703
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DSP
Muhs, Thomas J.
3191 Coral Way, STE 115-216
Coral Gables, Florida 33145

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
□ Change □ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
□ Change □ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
□ Change □ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
□ Change □ Addition

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: Timothy D. Richards

Timothy D. Richards, 01/12/99 (305) 858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9900

CR2E034 (11/98)

0193008