

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S42600** (4)
1. Corporation Name
C.C. - CITRUS ASSOCIATES, INC.



Principal Place of Business: 28469 US HWY 19 NORTH SUITE 401 CLEARWATER FL 34621
Mailing Address: 28469 US HWY 19 NORTH SUITE 401 CLEARWATER FL 34621

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for State, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/03/1991
3a. Date of Last Report: 03/20/1995
4. FLI Number: 59-3058596
5. Certificate of Status Desired: []
6. Election Campaign Financing/Trust Fund Contribution: []
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent

MELKER, DANIEL J.
28469 US HWY 19 NORTH SUITE 401 CLEARWATER FL 34621

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE		1. TITLE	[] Change [] Addition
NAME	P MELKER, DANIEL J	2. NAME	
STREET ADDRESS	28469 US 19 N #401	3. STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	4. CITY-STATE-ZIP	
TITLE	VP	5. TITLE	[] Change [] Addition
NAME	STRUPP JR, WILLIAM	6. NAME	
STREET ADDRESS	2376 SUNSET PT RD	7. STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	[] Change [] Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	[] Change [] Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	[] Change [] Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-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)(a), 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 the 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.

SIGNATURE: [Signature] 3/27/96 813-799-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)