

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S43342

(2)

1. Corporation Name

CTI OF GEORGIA, INC.

Principal Place of Business

4491 SO S.R. 7 STE 318
S-200
FORT LAUDERDALE FL 33314
US

Mailing Address

4491 SO S.R. 7 STE 318
S-200
FORT LAUDERDALE FL 33314
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1991

3a. Date of Last Report

04/19/1994

4. FEI Number

58-1936353

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. 199.032,

Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOISVERT III, LOUIS W
4491 S STATE ROAD 7 #318
S-200
FT LAUDERDALE FL 33314

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

KLAMM, ULLRICH

STREET ADDRESS

4491 SO SR 7 S-200

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

VPD

NAME

STRIKOWSKI, JACOB J

STREET ADDRESS

4491 SO S.R. 7, STE 318

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

S

NAME

BOGARD, SHARON

STREET ADDRESS

4491 SO SR 7 STE 200

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

T

NAME

DOBROVOSKY, USA

STREET ADDRESS

4491 SO. S.R. 7 S-200

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

DVP

NAME

BOISVERT, LOUIS I

STREET ADDRESS

4491 SO. S.R. 7 S-200

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Name of