

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S43667** (2)

1. Corporation Name

**CONTRACT ADMINISTRATORS INTERNATIONAL, INC.**

Principal Place of Business

**213 COUNTRY CLUB ROAD  
SHALIMAR FL 32579**

Mailing Address

**213 COUNTRY CLUB ROAD  
SHALIMAR FL 32579**



3. Date Incorporated or Qualified  
**04/05/1991**

3a. Date of Last Report  
**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3062697**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STREITZ, WILLIAM H.  
213 COUNTRY CLUB ROAD  
SHALIMAR FL 32579**

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 that of applicant

(If D/E, Registered Agent Signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D POWELL, WILLIAM W.**  
STREET ADDRESS **638 HOWARD AVE. S-B**  
CITY-ST-ZIP **BILOXI MS**

TITLE ☐ DELETE

NAME **D STREITZ, WILLIAM H.**  
STREET ADDRESS **213 COUNTRY CLUB ROAD**  
CITY-ST-ZIP **SHALIMAR FL**

TITLE ☒ DELETE

NAME **D CALLOWAY, H.D. JR.**  
STREET ADDRESS **171 OYSTER BAY ROAD**  
CITY-ST-ZIP **GULF SHORES FL**

TITLE ☒ DELETE

NAME **D FARAJ, MOHAMMAD**  
STREET ADDRESS **7423 FOUNTAIN HEAD DRIVE**  
CITY-ST-ZIP **ANNANDALE VA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **V**  
1.2 NAME **EDWARD L. TUTTLE**  
1.3 STREET ADDRESS **2388 SCHUETZ ROAD, SUITE B-51**  
1.4 CITY-ST-ZIP **ST-LOUIS MISSOURI 63146**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **P WILLIAM H. STREITZ**  
3.3 STREET ADDRESS **213 COUNTRY CLUB ROAD**  
3.4 CITY-ST-ZIP **SHALIMAR FLORIDA 32579-2203**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I do 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, trustee, or liquidator of the corporation, and that I am authorized 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

**PRES**

**4/23/96**

**904-651-3474**

Day

Daytime Phone #

CR2E034 (12/95)