## 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

## DOCUMENT # S43667 1. Corporation Name

CONTRACT ADMINISTRATORS INTERNATIONAL, INC.

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90071 017 \*\*\*150.00



Principal Place of Business Mailing Address						. I boditale ite midde ittim eiten greit gant gratt	91811 81817 979	11 45811 81811 1	***
213 COUNTRY CLUB ROAD SHALIMAR FL 32579		213 COUNTRY CLUB ROAD SHALIMAR FL 32579				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/05/1991			
Principal Place of Business     Za. Mailing Addres			<u> </u>			4. FEI Number	Applied For		r
21		26				59-3062697		Not Applica	able
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				5 Cortifente of Status Desired \$8.75 Additional			al
27						5. Certificate of Status Desired	Fee	Required	
City & St	State City & State					6. Election Campaign Financing \$5.00 May B			
23	28					Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	·			8. This corporation owes the current year		<b>-</b>	
24	25		30		_	Personal Property Tax.	<b>√</b> Yes	□No	
	9. Name and Address of Curren	t Registered Agent		24	.,	10. Name and Address of New Registere	d Agent		
	REITZ, WILLIAM H.			81	Name				}
			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			1	
213									
SH	ALIMAR FL 32579			83					
! 				84	City		85 Z	ip Code	
						F			
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.									ed
SIGNATUR	E		<u> </u>		signature required	when reinstating) DATE	_		-   _
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN	12 8
TITLE	VP OFFICERS AN	DELETE 1.1 T		TLE .	_		Chan		dition
NAME			1.2 N						13
	l accompany and a second		1.3 STREET ADDRESS		ADDRESS				1 8
STREET ADDRES	MARIETTA GA 30066		•	1.4 CITY-ST-ZIP					8
TITLE			2.1 Ti		211	<u> </u>	Chang	ge 🗀 Ad	ddition
NAME	STREITZ, WILLIAM H.	— — — — — — — — — — — — — — — — — — —		AME					
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NAME	STREITZ, WILLIAM H		3.2 N	AME	ļ				1
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CITY-ST-ZIP	SHALIMAR FL			ITY-ST	i				
TITLE	Or William W. C. C.	☐ DELETE	4,1 TI				Chan	ge 🗀 A	ddition
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NAME			6.2 N	AME					
STREET ADDRE	22		6.3 S	TREET	ADDRESS				}
J.III.L.I ALORE			640						.

CITY-ST-ZIP 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 an address, with all other like empowered.

SIGNATURE: