

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 5-9-96 3-6392 C

DOCUMENT # S52131 (7)

1. Corporation Name

WRIGHT-CADD ASSOCIATES, INC.



Principal Place of Business

Mailing Address

333 SOUTHERN BLVD  
STE 405  
W PALM BCH FL 33405  
US

333 SOUTHERN BLVD  
STE 405  
W PALM BCH FL 33405  
US

3. Date Incorporated or Qualified

05/13/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1785 Hill Ave

25 1785 Hill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33047

25 US

29 33407

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, MICHAEL C.  
333 SOUTHERN BLVD  
STE 405  
W PALM BCH FL 33405

81 Name

Michael C. Wright

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

1785 Hill Ave

83

84 City

West Pal

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

Michael C. Wright

(NOTE: Registered Agent signature required when re-registering)

5-6-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WRIGHT, MICHAEL C  
420 NORTHLAKE CT #3  
NO PALM BCH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

5440 N. Ocean, #204  
Singer Island, FL 33404

Change Addition

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 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:

Michael C. Wright  
Michael C. Wright

PRESIDENT

5-6-96

Date

402 863-0045

Daytime Phone #

CR2E034 (12/95)