4/28/95 - 4-28-95

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4.28.95

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

APPROVED AND FILED

95 APR 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80533** **(0)**

1. Corporation Name

CTI OF MISSISSIPPI, INC.

Principal Place of Business	Mailing Address
4491 S STATE ROAD SEVEN S-200 FT LAUDERDALE FL 33314 US	4491 S STATE ROAD SEVEN S-200 FT LAUDERDALE FL 33314 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/16/1991**

3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **65-0285919** ☐ 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

9. Name and Address of Current Registered Agent

BOISVERT III, LOUIS
4491 S STATE ROAD SEVEN
S-200
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KLAMM, ULLRICH	1.2 NAME		
STREET ADDRESS	4491 S STATE RD 7 #S-200	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE		☒ Change ☐ Addition
NAME	STRIKOWSKI, JACOB J	2.2 NAME	NO LONGER WITH CORP.	
STREET ADDRESS	4491 S STATE RD 7 S-200	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BOGARD, SHARON	3.2 NAME	CAROL BEFANIS O'DONNELL	
STREET ADDRESS	4491 SOUTH SR 7 STE S-200	3.3 STREET ADDRESS	S SAME	
CITY-ST-ZIP	FORT LAUDERDAL FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	DOBROVOSKY, LISA	4.2 NAME		
STREET ADDRESS	4491 SO. S.R. 7, S-200	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	4.4 CITY-ST-ZIP		
TITLE	DVCF	5.1 TITLE		☐ Change ☐ Addition
NAME	BOISVERT, LOUIS W III	5.2 NAME		
STREET ADDRESS	4491 SO. S.R. 7, S-200	5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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 — Daytime Phone #

023310 CP