

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S88392 (3)

1. Corporation Name

CTI OF VIRGINIA, INC.

Principal Place of Business

**4491 S STATE ROAD SEVEN
S-200
FT LAUDERDALE FL 33314
US**

Mailing Address

**4491 S STATE ROAD SEVEN
S - 200
FT LAUDERDALE FL 33314
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/21/1991	3a. Date of Last Report 04/19/1994
4. FEI Number 65-0280300	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. 100.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	30
Country	Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SO SR 7 STE-200	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	STIRKOWSKI, JACOB J	2.2 NAME	NO LONGER WITH CORP.
STREET ADDRESS	4491 S. S.R. 7 STE 318	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	BOGARD, SHARON	3.2 NAME	CAROL BEFANIS O'DONNELL
STREET ADDRESS	4491 S SR 7 STE-200	3.3 STREET ADDRESS	same
CITY - ST - ZIP	FT. LAUDERDALE 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 110.07(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 it 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary/Vice President