

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V37024** (9)
1. Corporation Name
C & A SCIENTIFIC CORPORATION

Principal Place of Business 1859 N PINE ISLAND RD SUITE 154 PLANTATION FL 33322 US	Mailing Address 1859 N PINE ISLAND RD 154 PLANTATION FL 33322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/15/1992	
21		26		4. FEI Number 65-0341349	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent EHMANN, ANDREW 4200 INVARRARY BL #3075 LAUDER HILL FL 33319				10. Name and Address of New Registered Agent 81 Name EHMANN, ANDREW 82 Street Address (P.O. Box Number is Not Acceptable) 10111 W. SUNRISE BL #102 83 84 City Plantation FL 85 Zip Code 33322	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	PVT
NAME	EHMANN, ANDREW	1.2 NAME	EHMANN, ANDREW
STREET ADDRESS	4200 INVARRARY BL #3705	1.3 STREET ADDRESS	10111 W. SUNRISE BL #102
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	VP	2.1 TITLE	VP
NAME	EHMANN, ANDREW	2.2 NAME	EHMANN, ANDREW
STREET ADDRESS	4200 INVARRARY BL #3705	2.3 STREET ADDRESS	10111 W. SUNRISE BL #102
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 with an address.

SIGNATURE: *Andrew E. Ehmman* 4/22/98 954 722 9513

CR2E034 (10/97)