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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V37024

C & A SCIENTIFIC CORPORATION						
Principal Place of Business Mailing Address			-	 	OVOLI BIBLI LEDI	
1859 N PINE ISLAND RD 1859 N PINE ISLAND RD			-			
SUITE 154 154			· ·			
PLANTATION FL 33322 PLANTATION FL 33322			DO NOT WRITE IN THIS SPACE			
US US		3. Date Incorporated or Qualifed 05/15/1992				
Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	oplied For
21 26				65-0341349		ot Applicable
Suite, Apt. #, etc.				5Certifcate of Status Desired		Additional equired
22	27					· ····
City & State 23	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip Country	Zip	Country		8. This corporation owes the current		m.,
24 25		30		Personal Property Tax.	☑ Yes	□No
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	isterea Agent	
EHMANN, ANDREW		61				
10111 W SUNRISE BLVD #102		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	Į.
PLANTATION FL 33322		83				
TENTATION TE GOOZE		63				
		84	City		FL 85 Zip	Code
11 Purcuant to the provisions of Sections 607 0502	and 607 1508. Florida Statute	es, the above	-named corpo	pration submits this statement for the pur		registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati	f Florida. Such change was at	uthorized by t	the corporation	n's board of directors. I hereby accept the	ne appointment as re	egistered
agoria i arri i arriinar i interiore a constituit a const	ons of, Section 607.0000, 1 lor	nua Statutes.		•		
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent	t signature required	when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE:			· · · · · · · · · · · · · · · · · · ·	DATE	
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TIME PVT	and title if applicable. (NOTE:	Registered Agent		when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW	and title if applicable. (NOTE: D DIRECTORS DELETE	13.	t signature required	when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW STREET ADDRESS 10111 W SUNRISE BLVD #102	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	t signature required	when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	when reinstating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	when reinstating)	OATE CERS AND DIRECTO Change	DRS IN 12
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 TITLE VP	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required ADDRESS -ZIP	when reinstating)	OATE CERS AND DIRECTO Change	DRS IN 12
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 TITLE VP NAME EHMANN, ANDREW	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	when reinstating)	OATE CERS AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE Signature, typed of printed name of registered agent 12. OFFICERS AND TITLE PVT NAME EHMANN, ANDREW STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 TITLE VP NAME EHMANN, ANDREW STREET ADDRESS 10111 W SUNRISE BLVD #102	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET.	ADDRESS ADDRESS	when reinstating)	OATE CERS AND DIRECTO Change	DRS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: