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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 638385

(5)

C. D. M. OF FORT LAUDERDALE, INC.

FILED
May 19 1998 8:00am
Secretary of State



						8 W 2 U F 4 U U U U U U U U U		
Principal Place		Mailing Address						
	POWERLINE ROAD. #203	5601 NORTH PO		0. #203				
FT. LAUDERDALE FL 33309		FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	_		
					10/03/1979			
2. Principal Place of Business		2a. Mailing Address		4. FÉI Number	- + -	plied For		
21 Suite Act # 212		Culto Apt # 212		59-1945120		t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	4 - · · · ·	\$8.75 Additional Fee Regulred	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	•	
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Co	ountry	8. This corporation owes or has paid the	current year Inte	angible	
24	25	29	30		Personal Property Tax due June 30.] No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Register	ed Agent		
	H en, Stuart L			81 Name	,			
	of No rth Powerline Road	D, #203		82 Street Add	ress (P.O. Box Nuniber is Not Acceptable)			
FT.	LAUDERDALE FL 33309							
				83	N/A			
				84 City		85 Zip (Code	
					_ 			
11. Pursuant of office or re	to the provisions of Sections 607.0 opistered againt, or both, in the St	0502 aud 607,1508, Florid Lac of Horida, Such chanc	ta Statutes, the oe was authoriz	above-named corp ed by the corporal	poration submits this statement for the purpose ation's board of directors. I hereby accept me	e of changing its appointment as	s registered registered	
	m familiar with, and accept the of	digations of Section 607,0	Ď505. Florida St	tatutos	' X ' /	Ira	•	
agent. ra	June 1	Z A Z.	0000, 110.100.00	iaiuics.	(1 /4U)	191		
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	Signato typeo or project course of requirent	CA A	(NOTE: Registe	ered Agent signature requi	N/5¥	E AND DIRECTOR	S IN 12	
SIGNATURE	Signate Viveo or prohest name of registered OFFICLES	Fagest and title it applicable AND DIRLCTORS	(NOTE Registe 13 LETE 1.1	ered Agent signature requi	ired when reinstaing) DATE	<u>7</u> •	S IN 12	
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