

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004362**

1. Corporation Name
CDR SYSTEMS CORP.

Principal Place of Business

533 N. NOVA RD. #208
ORMOND BEACH FL 32174

Mailing Address

533 N. NOVA RD. #208
ORMOND BEACH FL 32174

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90003 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

94-1725669

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 146 SOUTH ATLANTIC AVE

26 146 SOUTH ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORMOND BEACH, FL

28 ORMOND BEACH, FL

Zip

Country

Zip

Country

24 32176

25 USA

29 32176

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGRAVE, EUGENE W JR.

~~533 N. NOVA RD. #208~~
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

146 SOUTH ATLANTIC AVE

83

84 City **ORMOND BEACH**

FL

85 Zip Code **32176**

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 **Eugene W. McGrave Jr., PRESIDENT** **EUGENE W. MCGRAVE JR.**

3-24-99

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 **PS** ☐ DELETE
NAME **MCGRAVE, EUGENE W JR**
STREET ADDRESS **533 N. NOVA RD. #208**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **146 SOUTH ATLANTIC AVE**
1.4 CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **X Eugene W. McGrave Jr., PRESIDENT**
EUGENE W. MCGRAVE JR

3-24-99
Date

904-615-9510
Daytime Phone #

CR2F034 (1/98)