

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J41911 (5)

1. Corporation Name
CD ONE, INC.



Principal Place of Business C/O JOSEPH J. GARDNER 2487 ALOMA AVE WINTER PARK FL 32782	Mailing Address C/O JOSEPH J. GARDNER 2487 ALOMA AVE WINTER PARK FL 32782
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2479 ALOMA AVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1748 Suite, Apt. #, etc.
22 City & State 23 WINTER PARK, FL	27 City & State 28 WINTER PARK, FL 32790
24 Zip 32790	29 Zip 32790

3. Date Incorporated or Qualified 11/13/1986	
4. FEI Number 59-2744349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARDNER, JOSEPH J.
2487 ALOMA AVE
WINTER PARK 32789**

10. Name and Address of New Registered Agent

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

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 *Joseph J. Gardner* **4/7/98**

Signature, typed or printed name of registered agent and to whom it applies. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	GARDNER, ROBERT N.	
STREET ADDRESS	2487 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GARDNER, JOSEPH J.	
STREET ADDRESS	2487 ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/7/98 2487 ALOMA AVE

CR2E034 (10/97)