

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90013 011 \*\*\*150.00

1001/04

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J41911**

1. Corporation Name  
**CD ONE, INC.**

Principal Place of Business: 2479 ALOMA AVE, WINTER PARK FL 32792 US  
 Mailing Address: P O BOX 1748, 2407 ALOMA AVE, WINTER PARK FL 32790 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/13/1986  
 4. FEI Number: 59-2744349  
 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

9. Name and Address of Current Registered Agent: GARDNER, JOSEPH J., 2407 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): 2479 ALOMA AVE., 83, 84 City: FL, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ROBERT N.	1.2 NAME	
STREET ADDRESS	2407 ALOMA AVE	1.3 STREET ADDRESS	2479 ALOMA AVE.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	32792
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOSEPH J.	2.2 NAME	
STREET ADDRESS	2407 ALOMA AVE	2.3 STREET ADDRESS	2479 ALOMA AVE.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	32792
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: [Signature] 1/19/99 Date: \_\_\_\_\_ Daytime Phone #: 4076791748

CR2E034 (1/98)