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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030633 (6)

CDL PROPERTIES, INC.

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FILED
May 05 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 2731 N.W. 41ST BTREET 2731 N.W. 41ST STREET SUITE 8-3 SUITE B-3 DO NOT WRITE IN THIS SPACE GAINESVILLE FL 82606 GAINESVILLE FL 32606 3. Date Incorporated or Qualified 04/04/1997 2. Principal Place of Business 2a, Mailing Address Applied For 5200 Newbern 44807 5200 Newberry Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 This corporation owes or has paid the current year Intangible lachug lachus □ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name John**so**n, Carl L 2731 N.W. 41ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B-3 83 **GAINESVILLE FL 32606** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE JOHNSON, CARL L Lowndes 1.2 NAME 3R2E034 NAME 2731 N.W. 41ST STREET STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET AODRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 11TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition TITLE 511008 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this fitting 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 trusted 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 or an attact from with an address.

CARL 1

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