

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 10 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V57228** (1)

1. Corporation Name  
**THE CADD GROUP INC.**

Principal Place of Business <b>5505 N. ATLANTIC SUITE 130 COCOA BEACH FL 32931</b>	Mailing Address <b>5505 N. ATLANTIC SUITE 130 COCOA BEACH FL 32931</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/07/1992</b>	3a. Date of Last Report <b>03/01/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-3134326</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**VICKERS, DAVID C.  
5505 N. ATLANTIC  
SUITE 130  
COCOA BEACH FL 32931**

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

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICKERS, DAVID C</b>	1.2 NAME	<b>P</b>
STREET ADDRESS	<b>473 ORANGE AVENUE</b>	1.3 STREET ADDRESS	<b>VICKERS, LINDA A.</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY - ST - ZIP	<b>473 ORANGE AVENUE</b>
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, JOHN M</b>	2.2 NAME	
STREET ADDRESS	<b>250 CHANDLER STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CAN FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICKERS, DAVID C</b>	3.2 NAME	
STREET ADDRESS	<b>473 ORANGE AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, JOHN M</b>	4.2 NAME	
STREET ADDRESS	<b>250 CHANDLER STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CAPE CAN FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>VICKERS, DAVID C.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>473 ORANGE AVENUE</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>MERRITT ISLAND, FL</b>
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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.

SIGNATURE: *Linda A. Vickers* 4-4-95 407-799-2669  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LINDA A. VICKERS**