

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V57228 (1)
1. Corporation Name
THE CADD GROUP INC.



Principal Place of Business: **5505 N. ATLANTIC SUITE 130 COCOA BEACH FL 32931**
Mailing Address: **5505 N. ATLANTIC SUITE 130 COCOA BEACH FL 32931**

3. Date incorporated or Qualified: **08/07/1992**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-3134326**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the test name of registered agent, as applicable.

(NOTE: Registered Agent signature required when possible)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	VICKERS, DAVID C	
STREET ADDRESS	473 ORANGE AVENUE	
CITY-STATE-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOHN M	
STREET ADDRESS	250 CHANDLER STREET	
CITY-STATE-ZIP	CAPE CAN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VICKERS, DAVID C	
STREET ADDRESS	473 ORANGE AVENUE	
CITY-STATE-ZIP	MERRITT ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOHN M	
STREET ADDRESS	250 CHANDLER STREET	
CITY-STATE-ZIP	CAPE CAN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VICKERS, LINDA A	
STREET ADDRESS	473 ORANGE AVENUE	
CITY-STATE-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(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 Vickers* **LINDA VICKERS**

3-30-96 407-999-2669

CR2E034 (12/95)