

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # 230966 (4)

1. Corporation Name
C.D. PETRIE, INC.

Principal Place of Business 2745 E. OAKLAND PARK BLVD. P.O. BOX 11179 FORT LAUDERDALE FL 33339-1179 US	Mailing Address 2745 E. OAKLAND PARK BLVD. P.O. BOX 11179 FORT LAUDERDALE FL 33339-1179 US
--	--



3. Date Incorporated or Qualified 12/10/1959	3a. Date of Last Report 03/18/1996
4. FEI Number 59-0937022	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent PETRIE, CARLTON D. 2745 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306	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 607.1508, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE SR, CARLTON D	1.2 NAME	
STREET ADDRESS	2601 NE 13 COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, C. DANIEL	2.2 NAME	
STREET ADDRESS	800 SE 4TH ST., #402	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, BETTY K	3.2 NAME	
STREET ADDRESS	2601 NE 13 COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBELL, CAROL	4.2 NAME	
STREET ADDRESS	2601 NE 13 COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHNER, JANE	5.2 NAME	
STREET ADDRESS	2821 NE 59 CT.	5.3 STREET ADDRESS	801 S. Federal Highway #915
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	Pompano Beach, FL 33062
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 do 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.

SIGNATURE: *Jane Fehner* JANE FEHNER 1/6/97 (954) 566-7881

CR2E034 (9/96)