

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1959	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0937022		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**PETRIE, CARLTON D.
2745 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306**

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

FL

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	CD	1.1 TITLE	PCD
NAME	PETRIE SR, CARLTON D	1.2 NAME	PETRIE SR, CARLTON D
STREET ADDRESS	2601 NE 13 COURT	1.3 STREET ADDRESS	2601 NE 13 COURT
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VD	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
NAME	FEHNER, JANE	5.2 NAME	
STREET ADDRESS	801 S. FEDERAL HIGHWAY #915	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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; 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:

Carlton Petrie Sr **CARLTON PETRIE SR** 3/5/98 (950) 566-7881

CR2E034 (10/97)