

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 1998 8:00am  
Secretary of State

0110797

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **638516** (5)  
1. Corporation Name  
**CDI ENTERPRISES, INC.**

Principal Place of Business <b>131 HOSPITAL DR NE</b> <b>FORT WALTON BEACH FL 32548</b> <b>US</b>	Mailing Address <b>131 HOSPITAL DR NE</b> <b>FORT WALTON BEACH FL 32548</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/03/1979**

2. Principal Place of Business <b>21 123 Second St, SE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>21 Cambridge Ave</b> Suite, Apt. #, etc.
22 City & State <b>Ft. Walton Bch, FL</b>	2b. City & State <b>Ft. Walton Bch, FL</b>
23 Zip <b>32548</b>	24 Country <b>USA</b>
25 <b>OK</b>	26 <b>OK</b>

4. FEI Number <b>59-1941134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FISH, CHARLES DAVID**  
**131 HOSPITAL DR NE**  
**FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**21 Cambridge Ave**  
83  
84 City  
**Ft. Walton Bch** **FL** 85 Zip Code  
**32547**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FISH, CHARLES DAVID</b> <b>21 CAMBRIDGE AVENUE</b> <b>FT. WALTON BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>FISH, MARSHA</b> <b>21 CAMBRIDGE AVE</b> <b>FT WALTON BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONNER, DON E</b> <b>517 EARL ST</b> <b>FT WALTON EBACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V-S-T</b> <b>FISH, MARSHA</b> <b>21 Cambridge Ave</b> <b>Ft. Walton Bch, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: **MARSHA FISH** **7-6-98** **850-243-7011**

CR2E034 (5/98)

(2)

CDF ENTERPRISES, INC. dba  
A TO Z RENTAL CENTER  
123 SECOND ST., S.E.  
FT. WALTON BEACH, FLORIDA 32548  
850-243-7011  
~~~~~ FAX-850-244-1100 ~~~~~

July 8, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Late Fee

To Whom It May Concern:

Please find enclosed a check for \$150.00 for the annual filing fee for our corporation. Our business moved to a new location near the end of December, 1997. We never received the original notice for the annual report.

I feel some of our mail may have gone to our old store and the new tenants did not bother to forward our mail. Please reconsider the \$400.00 late fee. I will be awaiting your answer.

Thanking you in advance,

*Marsha Fish*

Marsha S. Fish  
Secretary