

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F18107 (5)

1. Corporation Name  
**C.D.K. ENTERPRISES, INC.**



Principal Place of Business: 5307 ARDMORE DR WINTER PARK FL 32792 US  
Mailing Address: P.O. BOX 1807 GOLDENROD FL 32733-1807 US

3. Date Incorporated or Qualified: 02/02/1981  
3a. Date of Last Report: 08/14/1995  
4. FEI Number: 59-2064544  
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  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
**SANTIAGO, CAROLYN J  
5307 ARDMORE DR.  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PT                      | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANTIAGO, CAROLYN J     | 12 NAME   |   |
| STREET ADDRESS             | 5307 ARDMORE DR.        | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | WINTER PARK FL          | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | VS                      | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FOLKEN, KENNETH         | 22 NAME   |   |
| STREET ADDRESS             | 367 WEST LAKE FAITH DR. | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | MATLAND FL              | 24 CITY - ST - ZIP                                    |   |
| TITLE                      |                         | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 32 NAME   |   |
| STREET ADDRESS             |                         | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                         | 34 CITY - ST - ZIP                                    |   |
| TITLE                      |                         | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 42 NAME   |   |
| STREET ADDRESS             |                         | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                         | 44 CITY - ST - ZIP                                    |   |
| TITLE                      |                         | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 52 NAME   |   |
| STREET ADDRESS             |                         | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                         | 54 CITY - ST - ZIP                                    |   |
| TITLE                      |                         | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 62 NAME   |   |
| STREET ADDRESS             |                         | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                         | 64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn J. Santiago* CAROLYN J. SANTIAGO 8-5-96 407-679-5728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)