

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

FILED
Feb 18 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 # **F97000006154 (5)**

1. Corporation Name
CDMC PALM BEACH, INC.

Principal Place of Business

**P.O. DRAWER 2770
100 EAST THOMAS PLACE
AVON CO 81620**

Mailing Address

**P.O. DRAWER 2770
100 EAST THOMAS PLACE
AVON CO 81620**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1997	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 75-2733927	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	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAMPTON, HARRY H III		1.2 NAME		
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CO 81620		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TELLING, JAMES		2.2 NAME		
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CO 81620		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, STEPHEN R		3.2 NAME		
STREET ADDRESS	512 MAIN ST., SUITE 901		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADDOCK, GERALD W		4.2 NAME		
STREET ADDRESS	777 MAIN STREET, SUITE 2100		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOFF, JOHN C		5.2 NAME		
STREET ADDRESS	777 MAIN STREET, SUITE 2700		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARADIS, DIANE		6.2 NAME		
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CO 81620		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 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:

Diane A. Paradis
Diane Paradis
1/5/98

CR2E034 (1097)