

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.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. DRAWER 2770 100 EAST THOMAS PLACE AVON CO 81620		P.O. DRAWER 2770 100 EAST THOMAS PLACE AVON CO 81620	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	11/20/1997	75-2733927
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	Applied For
23 Zip Country	28 Zip Country	\$8.75 Additional Fee Required	Not Applicable
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature typed or printed in block, top line of agent or officer if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRAMPTON, HARRY H III	
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)	
CITY-ST-ZIP	AVON CO 81620	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TELLING, JAMES	
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)	
CITY-ST-ZIP	AVON CO 81620	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBINSON, STEPHEN R	
STREET ADDRESS	512 MAIN ST., SUITE 901	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADDOCK, GERALD W	
STREET ADDRESS	777 MAIN STREET, SUITE 2100	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOFF, JOHN C	
STREET ADDRESS	777 MAIN STREET, SUITE 2700	
CITY-ST-ZIP	FORT WORTH TX 76102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARADIS, DIANE	
STREET ADDRESS	100 EAST THOMAS PLACE (PO DRAWER 2770)	
CITY-ST-ZIP	AVON CO 81620	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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* *Dianne Paradis* 1/5/98

CR2E034 (10/97)