

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

029-0096

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90046 044 ***150.00

DOCUMENT # H54503

1. Corporation Name
C.S.D.C., INC.

Principal Place of Business
4850 W OAKLAND PK BLVD
145
FORT LAUDERDALE FL 33313
US

Mailing Address
4850 W OAKLAND PK BLVD
145
FT LAUDERDALE FL 33313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1985

4. FEI Number

59-2544414

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 Coral Springs Diagnostic Center
Suite, Apt. #, etc.

22 1401 N. University Dr. #500
City & State

23 Coral Springs Florida
Zip Country

24 33371 USA

2a. Mailing Address

26 1515 N. Federal Hwy
Suite, Apt. #, etc.

27 Suite 405
City & State

28 Boca Raton, Florida
Zip Country

29 33432 30 USA

9. Name and Address of Current Registered Agent

DIETERLE, GORDON A
2300 GLADES ROAD, SUITE 400 EAST
BOCA RATON FL 33431

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE
NAME DAUER, EDWARD A.
STREET ADDRESS 5000 W OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☒ DELETE
NAME DAUER, EDWARD A.
STREET ADDRESS 5000 W OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☒ Addition
1.2 NAME SAM HALIM
1.3 STREET ADDRESS 1515 N. Federal Hwy #405
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE VP Controller ☐ Change ☒ Addition
2.2 NAME JoAnne Galbato
2.3 STREET ADDRESS 1515 N. Federal Hwy #405
2.4 CITY-ST-ZIP Boca Raton, FL 33432

3.1 TITLE VP Finance ☐ Change ☒ Addition
3.2 NAME Brian Richmond
3.3 STREET ADDRESS 1515 N. Federal Hwy #405
3.4 CITY-ST-ZIP Boca Raton, FL 33432

4.1 TITLE VP Operations ☐ Change ☒ Addition
4.2 NAME Seth Klein
4.3 STREET ADDRESS 1515 N. Federal Hwy #405
4.4 CITY-ST-ZIP Boca Raton, FL 33432

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)