

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

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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H74891 (3)

1. Corporation Name
CARDINAL ENTERPRISES, INC.



Principal Place of Business 6311-6 RIVERWALK LA SUITE 24 JUPITER FL 33458 US	Mailing Address 6311-6 RIVERWALK LA STE 24 JUPITER FL 33458-7947 US
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3. Date Incorporated or Qualified 09/09/1985	3a. Date of Last Report 02/27/1996
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21. Principal Place of Business 21 N. HEPBURN AVE	26. Mailing Address
22. Suite, Apt #, etc. STE # 20	27. Suite, Apt #, etc.
23. City & State JUPITER, FL	28. City & State
24. Zip 33458	29. Zip
25. Country USA	30. Country

4. FEI Number 59-2616535	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SMITH, WILLIAM F.
6311-6 RIVERWALK LANE
JUPITER FL 33458**

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

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 of officer or principal officer of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM F. (PH.D.)	
STREET ADDRESS	6311-6 RIVERWALK LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM F. (PH.D)	
STREET ADDRESS	6311-6 RIVERWALK LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, BRIAN (ESQ.)	
STREET ADDRESS	10104 OAK BARK LANE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, KEVIN M.	
STREET ADDRESS	6159-3 RIVERWALK LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: William F. Smith (PH.D.) PRES. 1/12/97 561-746-7518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)