

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

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88468** (0)  
1. Corporation Name  
**CADD CENTERS OF FLORIDA, INC.**

Principal Place of Business  
**2003 CYPRESS CREEK ROAD  
SUITE 105-C  
FT. LAUDERDALE FL 33309-8854**

Mailing Address  
**2003 CYPRESS CREEK ROAD  
SUITE 105-C  
FT. LAUDERDALE FL 33309-1834**



2. Principal Place of Business 21 <b>2001 Cypress Creek Rd</b> Suite, Apt. #, etc 22 <b>Suite 105</b> City & State 23 <b>Fort Lauderdale FL</b> Zip 24 <b>33309</b>		2a. Mailing Address 26 <b>2001 Cypress Creek Rd</b> Suite, Apt. #, etc 27 <b>Suite 105</b> City & State 28 <b>Fort Lauderdale FL</b> Zip 29 <b>33309</b> Country 30 <b>Broward</b>		3. Date Incorporated or Qualified <b>08/20/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
				4. FEI Number <b>65-0007180</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NEIMAN, NANCY R. 2003 CYPRESS CREEK ROAD SUITE 105-C FT. LAUDERDALE FL 33309</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 state if applicable. (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEIMAN, NANCY R.</b>	1.2 NAME	
STREET ADDRESS	<b>2003 CYPRESS RD. STE 105C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKLAND, TIM</b>	2.2 NAME	
STREET ADDRESS	<b>2003 CYPRESS ROAD, SUITE 105C</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEIMAN, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>2003 CYPRESS ROAD, SUITE 105C</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_

5.29.97 954 972-7300

CR2E034 (9/96)