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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J94002

(9)

CDN - SOUTHERN INVESTMENTS, INC.

FILED
Jan 15 1997 8:00am
Secretary of State



Principal Place of Business			Mailing Address										
DENNY JOHNS		DENNY	JOHNS										
375 S BUMBY AVE		375 S	375 S BUMBY AVE										
ORLANDO FL 32803			IDO FL 32803-6228	}			<u> </u>	N. Dota Isaaa aa	- 04' - 1	1 6			
US		US					3	3. Date Incorporated or Qu	alified	I	te of Last I	Report	
2. Principal Place o	of Business	2a. Ma	ling Address			·····		09/21/1987 I. FEI Number		U1/3	<u>29/1996</u>	antine Fac	
21	T Eddinesia	26	ing Address]					pplied For	
Suite, Apt #, etc			ite, Apt. #, etc.					59-2864014			 	ot Applicable Additional	
22		27					5	Certificate of Status Des	ired		•	Required	
City & State			y & State				6	5. Election Campaign Finar	ocina			May Be	
23		28						Trust Fund Contribution	.cg			to Fees	
Ζιρ	Country	Zıç)	Co	untry	·	8	3. This corporation has liab	itity for in	tangible	tax under s	s. 199.032,	
24	25	29		30				Florida Statutes	· 2	Yes [] No	1	
9.	Name and Address of Curren	it Registere	d Agent				10). Name and Address of I	New Reg	istered /	Agent		
JOHNS, E	DENNY				81	Name	е						
375 S. BUMBY AVENUE				82	Stree	t Address ((P.O. Box Number is Not A	ocentabl					
ORLANDO FL 32803						31.00	A Addiess (() .O. BOX NUMBER IS NOT A	ссеріаві	θ,			
51.2.3.2					83								
					0.4	0:1					T==1 =:		
					B4	City				FL	85 Zip	Code	
11. Pursuant to the	provisions of Sections 607 050 rod agent, or both, in the State	2 and 607.1	508, Florida Statu	tes, the a	bove	e-name	d corporati	on submits this statement t	or the pu		changing	its registered	
agent. Lam fani	rud agent, or both, in the State illiar with, and accept the oblig	of Florida s ations of, Se	such change was ection 607.0505 F	autnorize Iorida Sta	a by tutes	/ the co s.	orporation's	board of directors. I hereb	y accept	the app	ointment as	s registered	
SIGNATURE													
Signatu	rc. typed or posteo nen e of negistered age			TE Register	d Age	rl signatu	ure required whe	D-		DATE			
12.	OFFICERS AN	DIRECTO		13.				ADDITIONS/CHANGES TO	OFFICE	RS AND	****		
TITLE YP			L_] DELETE	117	ITLE						Change	Addition	
	MBERRY, JAMES S			1.2 h	ΙΑΜΕ								
	O MONASTERY RD			135	TREET	ADDRESS	S					Į.	
	ANGE CITY FL			1.4 0	TY·S	T-ZIP				·			
TITLE P			☐ DELETE	217	ITLE						Change	Addition	
	ins, denny			226	AME								
	6 CROWN POINT WOODS	CIR		235	TREET	ADDRESS	3						
CITY-ST-ZIF OC	OEE FL			2.41	CITY - S	ST - ZIP							
TITLE			L] DELETE	3.1 7	ITLE						☐ Change	Addition	
NAME				32 N	AME								
STREET ADDRESS				3.3 S	TREET	ADDRESS	s						
CHTY-ST-7IP				34.0	CITY - S	ST - ZIP							
THE			☐ DELETE	4.1 T	ITLE						Change	Addition	
NAME				4. 2 1	NAME								
STREET ADDRESS				4.3 5	TREET	ADDRESS	5						
CITY-ST-ZIP				4.4 0	ITY - S	T-ZIP							
TITLE			DELETE	5.1 أ	ITLE						Change	Addition	
NAME				5.2 N	AME		1						
STREET ADDRESS				5.3 \$	TREET	ADDRESS	s						
CITY+ST-2IP				540	ITY · S	T · ZIP							
TITLE			DFLETE	611			- 	······································			Change	Addition	
NAME				6.2 N			1				-		
STREET ADDRESS						ADDRESS	: [
CITY-ST-ZIP					ITY - S		1						
	**************************************			9.10			1						

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 a must 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 a fruster of the corporation or the receiver a fruster of the corporation of the co

SIGNATURE:

1-10-97 497818-0425