## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

K26069

(0)

CDIS, INC.

Principal Place of Business

Mailing Address

1230 S.W. 115 AVE. PEMBROKE PINES FL 33025 1230 S.W. 115 AVE. PEMBROKE PINES FL 33025



3a. Date of Last Report

3. Date Incorporated or Qualified

<ul> <li>Principal Pac</li> </ul>				06/13/1988	<u> </u>
s, the offer the	e of Business	2a. Mailing Address		4. FEI Number	Applied For
		26 4324	MON MAR ST	65-0069421	Not Applicable
Suite, Apt. #,	etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 Holly wood	, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
L. <u></u> Ζφ	Country	Zip Zip	Country	8. This corporation has liability for int	angible tax under s 199.032,
	25	29 33021	30 BROWARD	_ \	<b>∏</b> No
l	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	stered Agent
			81 Name	Scott Brown	1
BROWN	LISCOTT		B2 Street Addres	ss (P.O. Box Number is Not Acceptable)	
BROWN, SCOTT 1230 S.W. 115TH AVENUE		Street Action	4324 MON MO	e st	
PEMBROKE PINES FL 33025			83		
1 CINDI	ONE PRICE TE COCES		0.0		EI 85 Zip Code
			<b>84</b> City	Hollyward	FL 33221
1. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above named corpora	tion submits this statement for the purpo	ose of changing its registered office
or registere	d agent, or both, in the State of Flor	nda. Such change was authorize	ed by the corporation's board	d of directors. I hereby accept the appoin	ntment as registered agent. Fam
remainien Wall	i, and accept the conscious of, occ	Misit		tion submits this statement for the purple of directors. I hereby accept the appoin	
ICHARLON.	a zuman, typed or printed name of registered ager		TE: Registered Agent signature required		DATE
2.	OFFICERS AN	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Lf	P	☐ DELETE	1.1 TITLE	RADUN. SOT	Change Addition
Mí	BROWN, SCOTT		1.2 NAME	Brown, SOT 4324 MONROC ST	
	ARRA DIN AAPTIL AUF			ELTTIS MINIMINES. 31	
HEL: ADDRESS	1230 SW 115TH AVE.		1 3 STREET ADDRESS	7327	
		)25	1 3 STREET ADDRESS 1 1.4 CITY - ST - ZIP	Italy wood FL	
IIY-ST-ZIF	PEMBROKE PINES FL 330	DELETE		Italy wood FL	Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 changes for on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 /96 (305) 797.648

Daytime Priori