FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66330 (7)

1. Corporation Name

CSD UNLIMITED, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM CALLAHAN 1906 SEMINOLE ST KISSIMMEE FL 34743	C/O WILLIAM CALLAHAN 1906 SEMINOLE ST KISSIMMEE FL 34743

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O WILLIAM CALLAHAN	26 C/O WILLIAM CALLAHAN
Suite, Apt. #, etc: 22 609 ADRIANE PARK CIRCLE	Suite, Apt. #, etc: 27 609 ADRIANE PARK CIRCLE
City & State: 23 KISSIMMEE, FLA.	City & State: 28 KISSIMMEE, FLA.
Zip: 24 34744 / Country: 25 OSCEOLA	Zip: 29 34744 / Country: 30 OSCEOLA

4. FEI Number: 59-3081862 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALLAHAN, WILLIAM W
1906 SEMINOLE ST
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name: WILLIAM W. CALLAHAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 609 ADRIANE PARK CIRCLE
84 City: KISSIMMEE, FL 85 Zip Code: 34744

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 WILLIAM W. CALLAHAN [signature] 1-16-96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	CALLAHAN, TRUDY J.		1.2 NAME	CALLAHAN TRUDY J.	
STREET ADDRESS	1906 SEMINOLE ST		1.3 STREET ADDRESS	609 ADRIANE PARK CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34744	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	CALLAHAN, WILLIAM W.		2.2 NAME	CALLAHAN WILLIAM W.	
STREET ADDRESS	1902 SEMINOLE AVENUE		2.3 STREET ADDRESS	609 ADRIANE PARK CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34744	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, WILLIAM W		3.2 NAME		
STREET ADDRESS	1906 SEMINOLE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. 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 W. CALLAHAN [signature] 1-16-96 (407) 870-9497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #