

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

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Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L98027 (0)  
1. Corporation Name  
CARDINAL PLUS, INC.

Principal Place of Business Mailing Address  
4304 PLYMOUTH ST. 4304 PLYMOUTH ST.  
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1990	
4. FEI Number 59-3027772	Applied For <input type="checkbox"/> Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	23 Zip	25 Country	29 Zip
24	25	26	27

9. Name and Address of Current Registered Agent PHILLIPS, WILLIAM T. 4304 PLYMOUTH ST. JACKSONVILLE FL 32205		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	FL

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3.1 STREET ADDRESS	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	3.2 STREET ADDRESS	3.1 TITLE	3.2 NAME
	3.3 STREET ADDRESS	4.1 TITLE	4.2 NAME
	3.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME
		6.1 TITLE	6.2 NAME
		7.1 TITLE	7.2 NAME
		8.1 TITLE	8.2 NAME
		9.1 TITLE	9.2 NAME
		10.1 TITLE	10.2 NAME
		11.1 TITLE	11.2 NAME
		12.1 TITLE	12.2 NAME
		13.1 TITLE	13.2 NAME
		14.1 TITLE	14.2 NAME
		15.1 TITLE	15.2 NAME
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		23.1 TITLE	23.2 NAME
		24.1 TITLE	24.2 NAME
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		26.1 TITLE	26.2 NAME
		27.1 TITLE	27.2 NAME
		28.1 TITLE	28.2 NAME
		29.1 TITLE	29.2 NAME
		30.1 TITLE	30.2 NAME
		31.1 TITLE	31.2 NAME
		32.1 TITLE	32.2 NAME
		33.1 TITLE	33.2 NAME
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		39.1 TITLE	39.2 NAME
		40.1 TITLE	40.2 NAME
		41.1 TITLE	41.2 NAME
		42.1 TITLE	42.2 NAME
		43.1 TITLE	43.2 NAME
		44.1 TITLE	44.2 NAME
		45.1 TITLE	45.2 NAME
		46.1 TITLE	46.2 NAME
		47.1 TITLE	47.2 NAME
		48.1 TITLE	48.2 NAME
		49.1 TITLE	49.2 NAME
		50.1 TITLE	50.2 NAME

14. I 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 \_\_\_\_\_ DATE 1/8/98 9043482358

CR2E034 (10/97)