

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

FILED  
Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L98298** (7)  
1. Corporation Name  
**C-D CONSTRUCTION AND REMODELING, INC.**



Principal Place of Business  
**9280 WINDING WOODS DR  
LAKE WORTH FL 33467**

Mailing Address  
**7765 LAKE WORTH RD  
#340  
LAKE WORTH FL 33467-2536**

3. Date Incorporated or Qualified  
**09/04/1990**

3a. Date of Last Report  
**03/08/1996**

2. Principal Place of Business  
**21** Suite, Apt #, etc.

2a. Mailing Address  
**26** Suite, Apt #, etc.

4. FEI Number  
**65-0213375**

Applied For  
☐ Not Applicable

22. City & State  
**27** City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23. Zip  
**28** Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Country  
**25** Country

29. Country  
**30** Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GREENBERG, DAVID  
9280 WINDING WOODS DR  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>POT GREENBERG, DAVID</b>	<b>9280 WINDING WOODS DR</b>	<b>LAKE WORTH FL 33467</b>	<input type="checkbox"/>
	<b>DVS GREENBERG, CAROL A</b>	<b>9280 WINDING WOODS DR</b>	<b>LAKE WORTH FL 33467</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Carol A. Greenberg*  
**Carol A. Greenberg** VP

**3-4-97** **561-434-5431**

Date

Daytime Phone #

0330979

CR2E034 (9/96)