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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M52927

C.D. INDUSTRIES, INC.

Principal Place of Business

(4)

Mailing Address

FILED Feb 05 1997 8:00am Secretary of State



	NVENUE CH FL 33069		777 SW 12TH AVENUE POMPANO BEACH FL 33069-4527				
					3. Date Incorporated or Qualified 05/29/1987	3a. Date of La	
2. Principal Pla	ace of Business	2s. Mailing Address			4. FEI Number	I	Applied For
21		26			59-2814616		Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required
City & State	;	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Ζip	Country	Zip	Count	ry	8. This corporation has liability for in	ntangible tax und	der s. 199.032,
24	25	29	30		Florida Statutes	Yes No	
<u> </u>	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	platered Agent	
RRFI	NNAN, HOWARD T., JR.		8	1 Name			
777 SW 12TH AVENUE POMPANO BEACH FL 33089				82 Street Address (P.O. Box Number is Not Acceptable)			
				82 Street Address (P.O. Box Number is Not Acceptable)			
FOIN	ILVIAO DEVOLLI E 20009	•	E	3			
			·				
			E	4 City		FL 85	Zip Code
A. D	to the second and of Coolings BO	OFO2 and 607 1F06 Florida Stat	tutos the ahr	we-named cor	poration submits this statement for the p	urpose of chang	ing its registered
office or re	operatored arout or both in the !	State of Florida. Such change was obligations of, Section 607.0505,	s authorized	by the corpora	tion's board of directors. I hereby accept	t the appointme	nt as registered
SIGNATURE: .	***************************************					DATE	
	Signature, typed or protect name of register			lgent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
12.		S AND DIRECTORS DELETE	13.	. 1	ADDITIONS/CHANGES TO OFFIC	Chi	
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NAME	BRENNAN, HOWARD T. J	11.	1.2 NAN	i			
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NAME			2.2 NAN	KE]		<u>[]</u> (iii	
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		☐ DELETE	2.3 STR	EET ADORESS Y-ST-ZIP		Ch	ange Addition
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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 13 if changed or on an attachment with an address.

SIGNATURE:

Date

Daytime Phone #