

**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 # M90603 (5)**  
1. Corporation Name  
**CDG INVESTMENTS, INC.**



Principal Place of Business  
**702 CARTER ROAD  
WINTER GARDEN FL 34787  
US**

Mailing Address  
**P.O. BOX 598  
~~1503 EAST HIGHWAY 30~~ delete  
OCOOE FL 34761-0598  
US**

3. Date Incorporated or Qualified **07/22/1988** 3a. Date of Last Report **04/19/1995**

4. FEI Number **59-2900256** 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

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

**P.O. Box 598**  
**OCOOE, Florida**  
**34761-0598**  
**ORANGE**

**9. Name and Address of Current Registered Agent**

**GRECO, JOSEPH C.  
702 CARTER ROAD  
WINTER GARDEN FL 34787**

**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**

Signature, typed or printed name of registered agent as of the filing date

(NOTE: Registered Agent's signature required when transferring)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DST  
CAMERO, GERALD E.  
702 CARTER ROAD  
WINTER GARDEN FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
GRECO, JOSEPH C.  
702 CARTER ROAD  
WINTER GARDEN FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV  
DEBELLES, GERARD L.  
702 CARTER ROAD  
WINTER GARDEN FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 or person 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:** *Gerard L. Debelles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96** **407-877-7344**  
DATE OFFICER PHONE #

CR2E034 (12/95)