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Apr 21 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 # P92000015054 (9)

1. Corporation Name
CDL ENTERPRISES, INC.



Principal Place of Business
5300 NE 24TH TERRACE
513-C
FORT LAUDERDALE FL 33308

Mailing Address
5300 NE 24TH TERRACE
513-C
FORT LAUDERDALE FL 33308-3962

3. Date Incorporated or Qualified 12/30/1992	3a. Date of Last Report 02/23/1996
4. FEI Number 65-0376659	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 324 SE 10 AVE Suite, Apt. #, etc. 22 8 City & State 23 POMPANO BEACH, FL Zip 24 33060 Country 25 USA	2a. Mailing Address 26 324 SE 10 AVE Suite, Apt. #, etc. 27 8 City & State 28 POMPANO BEACH, FL Zip 29 33060 Country 30 USA
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9. Name and Address of Current Registered Agent LEE, CORRINA D 5300 NE 24TH TERRACE 513-C FT LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name LEE, CORRINA D. 82 Street Address (P.O. Box Number is Not Acceptable) 324 SE 10 AVE 83 8 84 City POMPANO CITY FL 85 Zip Code 33060
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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 Corrine D Lee DATE 4/19/97
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 STREET ADDRESS CITY-ST-ZIP	PD LEE, CORRINA D 5300 NE 24TH TERRACE 513-C FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LEE, CORRINA D 324 SE 10 AVE, #8 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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: Corrine D Lee DATE 4/19/97 DAYTIME PHONE # 954/784-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)