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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

324 S.E. 10 AVE.

P92000015054 (9)

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

324 S.E. 10 AVE.

POMPANO BEACH FL 33060

CDL ENTERPRISES, INC.

Country

g. Name and Address of Current Registered Agent

25

POMPANO BEACH FL 33606

LEE, CORRINA D 324 S.E. 10 AVE.

TATE	May 04 1			n
NS 	Secreta	ıry o	f State	
	DO NOT WRITE	IN THIS SPA	ACE	
	3. Date Incorporated or Qualified			7
	12/30/1992			ĺ
	4. FEI Number		Applied For	1
	65-0376659		X Not Applicable	1
	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	This corporation owes or has pa Personal Property Tax due June		nt year Intangible Yes	
	10. Name and Address of New Re	gistered Ag	ent]
Name				
Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
City		FL	85 Zip Code	
named cor the corpora	poration submits this statement for the patients board of directors. I hereby accept	ourpose of chot the appoin	nanging its registered itment as registered	
	4-23	-98		
t signature requ	ired when reinstating)	DATE		10
1 73	ADDITIONS/CHANGES TO OFFICE			18
INDRESS IN	LBSIDENT JE, CORRINA D. STI NIJ 91 AUGN		Change Addition	034 (10/97

FILED

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 have of requisivered agent and title if application (NOTE Registered Agent signeture required when reinstating) DATE On the Control of the Control										
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	DELETE	1.1 TITLE	PRESIDENT	K Change	Addition				
NAME	LEE, CORRINA D		1.2 NAME	LEE, CORRINA	δ.					
STREET ADDRESS	324 S.E. 10 AVE., #8		1.3 STREET ADDRESS	4571 NW 91	AVENUE					
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CHY-ST-ZIP	SUNPUSE FZ	33351	İ				
TITLE		DELETE	2.1 TITLE		Change	Addition				
NAME			2.2 NAME			1				
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY - ST - ZIP							
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY- ST-ZIP							
TITLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			53 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		DELETE	6 1 TITLE		☐ Change	Addition				
NAME .			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP	sortify that the information appropriate with t		6.4 CITY-ST-7/P			J				

Country

83

84 City

I nereby 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.

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