


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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000036172 (3)
1. Corporation Name
C.D.B.E., INC.

Principal Place of Business

1700 27TH STREET
VERO BEACH FL 32960
US

Mailing Address

P.O. BOX 6220
VERO BEACH FL 32961-6220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1993

4. FEI Number

59-3185092

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1525 INDUSTRIAL DRIVE

Suite, Apt. #, etc.

22

City & State
23 WILDWOOD FL

Zip

24 34785

Country

25 SUMTER

2a. Mailing Address

26 1525 INDUSTRIAL DRIVE

Suite, Apt. #, etc.

27

City & State
28 WILDWOOD FL

Zip

29 34785

Country

30 SUMTER

9. Name and Address of Current Registered Agent

BUTSCH, C D
1700 27TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1525 INDUSTRIAL DRIVE

83

84 City

WILDWOOD

FL

85 Zip Code

34785

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 D ☐ DELETE

NAME BUTSCH, C D
STREET ADDRESS 1700 27TH STREET
CITY - ST - ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME SHAFER, CAROLYN
STREET ADDRESS 1700 27TH STREET
CITY - ST - ZIP VERO BEACH 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

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

1525 INDUSTRIAL DRIVE
WILDWOOD FL 34785

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

1525 INDUSTRIAL DRIVE
WILDWOOD FL 34785

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I 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: CAROLYN SHAFER UP 1-8-98 352-330-2422

CR2E034 (10/97)