

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000053212 (5)

95 FEB 14 PM 4: 25

1. Corporation Name
CDC CONSULTING, INC.

Principal Place of Business
**1535 GARCIA AVE.
CORAL GABLES FL 33146**

TYPE OF STATE IN THIS POWER

3. Date of Incorporation 07/29/1993	3a. Date of Last Report 03/30/1994
4. FID Number 65-0429045	Applied For <input type="checkbox"/> Not Applied
5. Contribution Status Election <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Contribution and Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation is eligible for interjurisdictional tax under S. 190.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 3125 ESTATES DR.	2a. Mailing Address P.O. Box 341059
22. State of Office FL	27. State of Mailing Address FL
23. City or Suburb Pompano Bch, FL	28. City or Suburb CORAL GABLES FL.
24. Zip 33069	25. Country BROWARD
29. Zip 33134	30. Country DADE

9. Name and Address of Current Registered Agent CHAMBLISS, CHRISTOPHER D 1535 GARCIA AVE. CORAL GABLES FL 33146	10. Name and Address of New Registered Agent
01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	05 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1009, Florida Statutes, the above named corporation ratifies the statement for the purpose of changing its registered office as required by said sections of the Statutes of Florida. Since change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent. I am familiar with and a signatory of the subject Florida Statutes.
SIGNATURE: *Ch. Chambliss* **CHRISTOPHER D. CHAMBLISS, PRESIDENT** **2/8/95**

12. OFFICERS AND DIRECTORS	13. ADDRESSES CHANGED TO OFFICERS AND DIRECTORS ONLY																																																
<table border="1"> <tr> <td>12-1 NAME</td> <td>PST CHAMBLISS, CHRISTOPHER D</td> <td>13-1 NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-2 STREET ADDRESS</td> <td>1535 GARCIA AVE.</td> <td>13-2 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12-3 CITY, ST, ZIP</td> <td>CORAL GABLES FL 33146</td> <td>13-3 CITY, ST, ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-4 NAME</td> <td></td> <td>13-4 NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-5 STREET ADDRESS</td> <td></td> <td>13-5 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12-6 CITY, ST, ZIP</td> <td></td> <td>13-6 CITY, ST, ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-7 NAME</td> <td></td> <td>13-7 NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-8 STREET ADDRESS</td> <td></td> <td>13-8 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12-9 CITY, ST, ZIP</td> <td></td> <td>13-9 CITY, ST, ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-10 NAME</td> <td></td> <td>13-10 NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> <tr> <td>12-11 STREET ADDRESS</td> <td></td> <td>13-11 STREET ADDRESS</td> <td></td> </tr> <tr> <td>12-12 CITY, ST, ZIP</td> <td></td> <td>13-12 CITY, ST, ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add/Change</td> </tr> </table>	12-1 NAME	PST CHAMBLISS, CHRISTOPHER D	13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-2 STREET ADDRESS	1535 GARCIA AVE.	13-2 STREET ADDRESS		12-3 CITY, ST, ZIP	CORAL GABLES FL 33146	13-3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-4 NAME		13-4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-5 STREET ADDRESS		13-5 STREET ADDRESS		12-6 CITY, ST, ZIP		13-6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-7 NAME		13-7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-8 STREET ADDRESS		13-8 STREET ADDRESS		12-9 CITY, ST, ZIP		13-9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-10 NAME		13-10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	12-11 STREET ADDRESS		13-11 STREET ADDRESS		12-12 CITY, ST, ZIP		13-12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change	
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14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not apply for the exemption stated in Section 607.0602, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatory shall have the same legal effect as if made under oath. That I am, as of the date of this report, an officer or director of the corporation covered by this report as required by Chapter 607, Florida Statutes, and that my former corporation, as defined in Section 607.011, Florida Statutes, is not attached herewith with an address.

SIGNATURE: *Ch. Chambliss* **CHRISTOPHER D. CHAMBLISS - PRESIDENT** **2/8/95 (30s) 443-5703**