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

-*PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000053212 1. Corporation Name

CDC CONSULTING, INC.

					•					
Principal Place	e of Business	Mailing Address				1 13811031 116 18100 1	HII en iki un ili			11010 1501 1001
999 PONCE DE LEON BLVD		PO BOX 341059			•					
1045		CORAL GABLES FL 33134								
CORAL GABLES FL 33134		US			DO NOT WRITE IN THIS SPACE					
U\$						3. Date Incorporated or 07/29/1993	Qualifed			
2.2	No.	2- Mailing Address				4. FEI Number	.		An	plied For
-, '	lace of Business	2a. Mailing Address				65-0429046	-	•	<u> </u>	t Applicable
21	#	Suite, Apt. #, etc.				03 0423040	•	•	\$8.75 A	
Suite, Apt.	#, etc.					5. Certifcate of Status D	esired	3	Fee Re	
City & Stat		City & State				6. Election Campaign Fi	pancing	•	\$5.00	
_		28				Trust Fund Contribution	-		Added to	
23 Zip	Country	Zip	Cou	ntrv		8. This corporation owes		vear In		
—	25	29	30	•		Personal Property Ta		. ,		□No
24	9. Name and Address of Curre		[00]			10. Name and Address		istered	Agent	
		Shall Shall can be sto		81	Name					
CHA	MBLISS, CHRISTOPHER D			-	<u> </u>	11 (D.O. O N		- \		
	5 ESTATES DRIVE			82	Street Ad	Idress (P.O. Box Number is No	Acceptabl	8) * * * * * * *		
POM	IPANO BEACH FL 33069			83		1999	11 2 - 201	11/1/2/2		
l							位于抗性的		(\$1.34 m / 2 14.5)	HER HALLS
				84	City			FL	85 Zip C	ode
(1/47) - Kr	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida: Such change was				the last and of disconnect these	hy accent t	he anno	intment as rec	horotein
Onagent I a	m fàmiliar with, and accept the obligation	ations of; Section 607.0505, F	lorida Statı	by tr ites.	ne corpora			DATE		
009 agent I a SIGNATURE	im familiar with, and accept the obligation of registered age	ations of; Section 607.0505, F	lorida Statı	by tr ites.	ne corpora	uired when reinstating)		DATE		
OSRågent#rä SSGNATURE 12.	im fàmiliar with, and accept the obligation of registered again of the control of	ations of; Section 607.0505, F	lorida Statu	Dy tr ites.	ne corpora	uired when reinstating)		DATE		
009 agent I a SIGNATURE	im familiar with, and accept the obligation of registered age OFFICERS AI	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS	Iorida Statu	Dy truites. Agent	ne corpora	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	im familiar with, and accept the obligation of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS	FE: Registered 13. 1.1 TR	Agents LE	ne corpora	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OSTAGENTURE SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS	FE: Registered 13. 1.1 TF 1.2 NA 1.3 ST	Agent:	signature requ	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	im familiar with, and accept the obligation of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS	FE: Registered 13. 1.1 TF 1.2 NA 1.3 ST	Agent : Agent : LE ME REET A	signature requ	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OOR agent. I a	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TR 1.2 NA 1.3 ST 1.4 CR	Agent : LE ME REET A	signature requ	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OSTAGENT A SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 TF: 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	Agent : Agent : LE ME REET A Y-ST- LE	signature requ	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OSTAGENT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	Agent : Agent : LE ME REET A Y-ST- LE	signature requ ADDRESS ADDRESS	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OSTAGENT A SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST	Agent : Agent : LE ME REET A Y-ST- LE ME REET A	signature requ ADDRESS ADDRESS	uired when reinstating)		DATE	ND DIRECTO	RS IN 12
OSTAGENT A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI	Agent : Agent : LE ME REET A Y-ST- LE TY-ST- LE	signature requ ADDRESS ADDRESS	uired when reinstating)		DATE	ND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	Agent of Age	signature requ ADDRESS ADDRESS	uired when reinstating)	S TO OFFI	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST	Agent of Age	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	S TO OFFI	DATE	ND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST	Agent : Agent : LE ME REET A TY-ST- LE ME REET A REET A TY-ST- TY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	S TO OFFI	DATE CERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	Signature, typod or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4. CH	Agents Agents Agents LE ME REET A TY-ST- LE REET A TY-ST- TY-ST- LE	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE CERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST 3.4. CC 4.1 TH 4.2 NA	Agent of the second of the sec	ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE CERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	Signature, typod or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CCI 3.1 TH 3.2 NA 4.3 ST 4.4 CH 4.2 NA 4.3 ST	Agent of the second of the sec	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE CERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CCI 3.1 TH 3.2 NA 4.3 ST 4.4 CH 4.2 NA 4.3 ST	Agent: Agent: LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE DERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST 4.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF	by trutes. Agent: LE ME REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE AME REET A TY-ST- LE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE CERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA	by trutes. Agent : LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A ME ME ME ME ME ME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE DERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME TOTALE NAME NAME NAME NAME TOTALE NAME NAME NAME TOTALE NAME TOTALE NAME	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST	by trutes. Agent : LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A ME ME ME ME ME ME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE DERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST	by trutes. Agent of the state	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE DERS AI	ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI PST CHAMBLISS, CHRISTOPHER I 3125 ESTATES DR CORAL GABLES FL 33146	ations of, Section 607.0505, F ant and title if applicable. (NO ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 4.1 TH 4.2 NA 4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF	Agent of the state	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	uired when reinstating) ADDITIONS/CHANGE	S TO OFFI	DATE DERS AI	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90027 030 ***150.00