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1 (#81/480)) 10 (BINA 1/4) 40) 11 HOLL BULL GENE (BAR) BILL BULL BILL (\$60)

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 # **P93000075640**1. Corporation Name

CDA OF AMERICA, INC.

Principal Place	e of Business	Mailing Address		ļ	T 18911981 234 14(104 11411 postit antit setta antit setta attit dant divin divin attit antit antit antit antit
2875 S. OCEAN BLVD. STE 2109 PALM BEACH FL 33480		2875 S. OCEAN BLVD. STE 2109 PALM BEACH FL 33480	STE 2109 Palm Beach FL 33480		DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed 10/25/1993
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					65-0445502 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 6					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25 9. Name and Address of Curre	29 3	<u>U </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Cure	int Registered Agent	81	Name	10. Walle all 10.
HCRM CORP.				Ctus at Adda	ess (P.O. Box Number is Not Acceptable)
2200 CORPORATE BLVD., NW			82	Street Addit	ess (P.O. Box Number is Not Acceptable)
SUITE 401 BOCA RATON FL 33431			83		
500	A fixtor i E 3043 i		84	City	FL 85 Zip Code
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 document of the purpose of changing its registered agent. I am familiar with, and document of the purpose of changing its registered agent. I am familiar with and document of the purpose of changing its registered agent. I am familiar with and document of the purpose of changing its registered agent. I am familiar with a document of the purpose of changing its registered agent.					
SIGNATURE Signature, by printed name of registered agent and use if approximate. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	it signature requires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEEHAN, PATRICK J		1.2 NAME		
STREET ADDRESS			1.3 STREE	T ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-S	T- ZIP	☐ Change ☐ Addition
TITLE	V OUEFUAN IANET	☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·
NAME	SHEEHAN JANET 12103 AREACA DR.		2.2 NAME	T ADDRESS	
STREET ADDRESS	WELLINGTON FL		2.4 CITY-S		ا برخ به الله المستوع براجال الدراد الو
CITY-ST-ZIP TITLE	WELLINGFORTE	☐ DELETE	3.1 TITLE	11-231	☐ Change ☐ Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
			62 MANE	1	

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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS