

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078471 (8)

1. Corporation Name

CDCDB INVESTMENT, INC.

Principal Place of Business

700 SE 32ND CT.
FT LAUDERDALE FL 33316

Mailing Address

700 SE 32ND CT.
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1993
3a. Date of Last Report 03/27/1996

4. FEI Number 65-0536380
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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J.
790 E BROWARD BLVD.
SUITE 200
FT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME CD
BERRY, CLIFFORD L
STREET ADDRESS 2100 S. OCEAN DRIVE, #7K
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME PD
RULIEN, DAVID R
STREET ADDRESS 301 NE 23RD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D
BERRY, CLIFFORD L II
STREET ADDRESS 510 NE 13TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D
THIXTON, WILLIAM
STREET ADDRESS 2168 IMPERIAL POINT DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME DST
BURNETT, DAVID
STREET ADDRESS 711 SW 17TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE ☐ DELETE

NAME T
DUKE, CLIFFORD F.
STREET ADDRESS 2000 SW 16TH ST.
CITY-ST-ZIP PLANTATION FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

CP2E034 (4/97)