


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

FILED

May 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P93000088154 (8) 1. Corporation Name CDS PROPERTIES, INC. | | |



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| Principal Place of Business 220 E. UNIVERSITY SUITE 1803 MELBOURNE FL 32901 US | Mailing Address 220 E. UNIVERSITY #1803 MELBOURNE FL 32901 US |
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| 2. Principal Place of Business 21 1901 S. Harbor City Blvd Suite, Apt. #, etc. 22 400 City & State 23 Melbourne FL Zip 24 32901 Country 25 US | 2a. Mailing Address 26 1901 S. Harbor City Blvd. Suite, Apt. #, etc. 27 400 City & State 28 Melbourne FL Zip 29 32901 Country 30 US |
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| DO NOT WRITE IN THIS SPACE | |
| 3. Date Incorporated or Qualified 12/28/1993 | |
| 4. FEI Number 65-0462435 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent BRACKETT, ROBERT L 2088 14TH AVENUE VERO BEACH FL 32980 | |
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| 10. Name and Address of New Registered Agent 81 Name Mark Chaffiot / Robert A. Brackett II 82 Street Address (P.O. Box Number is Not Acceptable) 1901 S. Harbor City Blvd. 83 Suite #400 84 City Melbourne FL 85 Zip Code 32901 | |
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| 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 Robert A. Brackett Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/1/98 | |
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| 12. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRACKETT, ROBERT L 2088 14TH AVENUE VERO BEACH FL 32980 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRACKETT, ROBERT A II 2088 14TH AVENUE VERO BEACH FL 32980 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAFFIOT, ROBERT R 1802 S. FISKE BLVD. #101 ROCKLEDGE FL 32955 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAFFIOT, MARK 1802 S. FISKE BLVD. #101 ROCKLEDGE FL 32955 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: 4/1/98 |
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CR2E034 (10/97)