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FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000030460 (7)
1. Corporation Name
CORDESIGN, INC.



Principal Place of Business

Mailing Address

455 S. ORANGE AVENUE, SUITE 501
ORLANDO FL 32801-3355

455 S. ORANGE AVENUE, SUITE 501
ORLANDO FL 32801-3355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 120 W. Robinson St.
Suite, Apt. #, etc.

2a Same
Suite, Apt. #, etc.

22 City & State
Orlando, FL

27 City & State

23 Zip 32801 Country USA

28 Zip Country

24 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/21/1994

4. FEI Number

59-3247606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CONANT, RICHARD R
455 S ORANGE AVE STE 501
ORLANDO FL 32801

81 Name

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

83

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard R. Conant
Signature of Registered Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/20/98
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CONANT, RICHARD
STREET ADDRESS 455 S. ORANGE AVENUE, SUITE 501
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE DVP
NAME OROPEZA, KEITH
STREET ADDRESS 455 S. ORANGE AVENUE, SUITE 501
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ST
NAME CONANT, WENDY
STREET ADDRESS 455 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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 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:

Wendy Conant

1/20/98

CR2E034 (10/97)