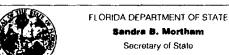
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

FILED Apr 21 1998 8:00am Secretary of State

	1998	THE PARTY OF THE P	DIVISION OF	CORPORATI	ONS	Scoretary		acc
DOCU 1. Corporatio	MENT # P940		1465 (1 CDS, INC.)				
Principal Plac	o of Business	Mailin	g Address			T IESCOBS ING INNI MIGNI SKINI OGGIS ORIST OG	INI ININI NINIS NINI	CHAN BILL (SD)
9271 NW 5		9271 NW 5 CT						
CORAL SPI	RINGS FL 33071	CO	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	10	- 12-11				11/18/1994		
⊢ =	Place of Business	28. Ma	iling Address			4. FEI Number 65-0535091	▶ ——	pplied For ot Applicable
Suite, Apt	#, etc.		ite, Apt. #, etc.					Additional
22		27				6. Certificate of Status Desired		equired
City & Stat	e	28 Cit	y & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zq	>	Country	/	8. This corporation owes or has paid the		
24	25 g. Name and Address of Curre	29	4	30		Personal Property Tax due June 30.		_ No
		uit wedistere	o Agent	81	Name	10. Name and Address of New Register	en whent	
AMERILAWYER CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134								
					Street Add	dress (P.O. Box Number is Not Acceptable)		
				84	City		. 85 Zip	Code
			700 F					
11, Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1 e of Florida, S	Such change was	ites, the abov authorized by	e-named cor y the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e or changing i appointment as	ts registered registered
	im familiar with, and accept the obli	gations of, Se	ction 607.0505, F	lorida Statute	\$.			
SIGNATURE	Signature, typed or prailed name of registered as	jest and litte if App	niceble (NO	1E: Registered Age	ont signature requ	uired when reinstaling) DAT		
12.	OFFICERS AF	ND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS		
THILE	P PUTE MODELLA		☐ DELETE	1.1 TITLE			[_] Change	Addition
NAME	RUZA, MOREY A 9271 NW 5 CT			1.2 NAME				
STREET ADDRESS	CORAL SPRINGS FL 3307	1		1.3 STREET	- 1			
CITY-ST-ZIP TITLE	CONAL OF MINOS PE 0007	<u> </u>	DELETE	1.4 CiTY - 5 2.1 TITLE	51-211		Change	Addition
NAME			_	22 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY - ST - ZIP				2. 4 CITY-	ST-ZIP			
TITLE			DELETE	31 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ì			
City-St-ZiP Title			DELETE	3.4. C/TY - 1 4.1 T/TLE	51-21		Change	Addition
NAME				4 2 NAME	1			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	IT-ZIP			
TITLE			DELETE	5 1 TITLE	[Change	Addition
NAME				5 2 NAME				
STREET ADDRESS				5.3 STREET	1			ļ
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 TITLE	ot - ZIP		Change	Addition
NAME			hand Parent	6.2 NAME	Ì			
STREFT ADDRESS				63 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - 5	i i			
14. I hereby o	certify that the information supplied s	with this filing	does not qualify f	or the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I furthe	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 attrachment with an address.

SIGNATURE: