

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002193 (7)

1. Corporation Name

CDG DEVELOPERS, INC.

Principal Place of Business

608 E. CENTRAL BLVD.
ORLANDO FL 32801

Mailing Address

608 E. CENTRAL BLVD.
ORLANDO FL 32801



3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1017 E South Street

26 1017 E South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Orlando FL

28 Orlando FL

Zip

Country

Zip

Country

24 32801

25 Orange

29 32801

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, CAREY
390 N. ORANGE AVE.
SUITE 800
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CASEY, DENNIS J
STREET ADDRESS 360 E. TROTTERS DR.
CITY-ST-ZIP MAITLAND FL 32751

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE NAME ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME RUSSELL, JAMES G
STREET ADDRESS 2280 HONTOON RD.
CITY-ST-ZIP DELAND FL 32720

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME HILL, CAREY
STREET ADDRESS 1921 HOFFNER AVE.
CITY-ST-ZIP ORLANDO FL 32809

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407-895-5578

Daytime Phone #

CR2E034 (12/95)