

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040232 (7)

1. Corporation Name
CADORI, INC.



Principal Place of Business

4910 SOUTHWEST 166 AVENUE
FORT LAUDERDALE FL 33331

Mailing Address

4910 SOUTHWEST 166 AVENUE
FORT LAUDERDALE FL 33331

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 17608 Simms Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 17608 Simms Rd

Suite, Apt. #, etc.

4. FEI Number

59-3373675

Applied For

Not Applicable

22

City & State

23 ODESSA FL

Zip Country

24 33556

Country

27

City & State

28 ODESSA FL

Zip Country

29 33556

Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

CATHEY STONE

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

83

17608 Simms Rd

84 City

ODESSA

FL

85 Zip Code

33556

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

Cathey Stone

CATHEY STONE

4-24-96

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
STONE, CATHEY
4910 SOUTHWEST 166 AVENUE
FORT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SNAPP, DONNA
4910 SOUTHWEST 166 AVENUE
FORT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GIRARD, RITA C
4910 SOUTHWEST 166 AVENUE
FORT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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
17608 Simms Rd
ODESSA FL 33556

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
481 BARBRI LANE
DAVIE FL 33325

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
6117 CASSON
BROOKSVILLE FL 34609

☐ 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

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 attachment with an address.

SIGNATURE:

Cathey Stone

CATHEY STONE

4/24/96

813920-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)