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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040601 (3)

CDR ENTERPRISES, INC.

**FILED** Apr 23 1997 8:00am Secretary of State



Principal Plans of Punings Mailing Address									
Principal Place of Business Mailing Address  1281 N. LAKE SYBELIA DRIVE 1281 N. LAKE SYBELIA DRIVE MAITLAND FL 32751 MAITLAND FL 32751-5319									
						3. Date Incorporated or Qualified	3a. Da	te of Last	t Report
				05/18/1995	11/12/1996				
2. Principal F	Place of Business	2a. Mailing Address			,	4. FEI Number			Applied For
1		26				_59-3326087			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional
		27				5. Certificate of Status Desired		Fee	Required
City & Stal	le	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
3		28	<del></del>			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for			r s. 199.032,
ļ	25	[29]	30				Yes	-	
	9. Name and Address of Cur	rrent Hegistereo Agent		31	Name	10. Name and Address of New R	egisterea /	Agent	<del>~</del>
	SSELL, DOUGLAS R		•	"	Name				
	31 N. LAKE SYBELIA DRIVE		3	2	Street Addre	ass (P.O. Box Number is Not Accepta	ble)		
MA	ITLAND FL 32751			33					
				,3					
			Ē	34	City		<b></b>	85 Z	ip Code
				丄	<u></u>	oration submits this statement for the on's board of directors. I hereby acce	FL		
12.		AND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFI	CERS AND		
12.		AND DIRECTORS  DELETE			<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO Chang	
TITLE NAME	PSTD Russell, Douglas R	La berett	1.1 TITL 1.2 NAM		<b>,</b>			Cuary	to First Modelie
TREET ADDRESS	ARREST LAND COMPLETE BOTH	XV/E	1.3 STR		nnerce				
CITY - ST - 7IP	MAITLAND FL 32751	# <b>*</b> L	1.4 CITY						
III({	MANUEL TE GET GT	DELETE	2.1 707).		19.	·		Chang	e Additio
NAME:		<del></del>	2.2 NAA	AΕ	\			•	
STREET ADDRESS			2.3 STR		DORESS				
DITY-ST-7IP			2 4 CIT		į.				
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NAME			3.2 NAA	Aξ	ŀ				
STREET ADDRESS			3.3 STR	EET A	DDRESS				
CHY-SI-ZIF			3.4. CIT	Y-ST-	- ZIP				
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14Mt			4. 2 NA	ME					
TREET ADDRESS			4.3 STR	EET A	DDRESS				
0-TY - ST - ZIP			4,4 CITY	/- ST -	ZIP		·		
ITLE		DELETE	5.1 TITL	E				☐ Chang	ge Additio
NAMÉ			5.2 NAN	AE.					
STREET ADDRESS			5.3 STR	EET A	DORESS				
CHTV - ST - ZHP			54 CIT	Y- ST-	-21P				
TITLE		· DELETE	6 1 TITL	E	T			Chang	ge 🔲 Additio
NAME			6.2 NAN	Æ					
STREET ADDRESS			6.3 STR	EET A	DDRESS				
CITY - ST - ZIP			6.4 CIT	Y-ST-	ZIP				

14. I do 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 12 or Block 12 or Block 13 or on an attachment with an address. Lam an officer or director of the corporappears in Block 12 or Block 12 in Block

SIGNATURE: