

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043316 (5)

1. Corporation Name
CDPC MANAGEMENT INC.



Principal Place of Business
7173 LAKE WORTH RD.
LAKE WORTH FL 33467

Mailing Address
7173 LAKE WORTH RD.
LAKE WORTH FL 33467-2806

3. Date Incorporated or Qualified 05/31/1995	3a. Date of Last Report 03/27/1996
4. FEI Number 65-0585094	Applied For Not Applicable
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	

2. Principal Place of Business 21 7657 Lake Worth Rd Suite, Apt. #, etc.	2a. Mailing Address 26 7657 Lake Worth Rd Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

CARRAZANA, LUIS E
2025 LAVERS CIRCLE,
SUITE 211
DELRAY BCH FL 33444

10. Name and Address of New Registered Agent

81 Name LUIS E CARRAZANA
82 Street Address (P.O. Box Number is Not Acceptable) 7657 Lake Worth Road
83
84 City Lake Worth FL 85 Zip Code 33467

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE RD	☐ DELETE	1.1 TITLE 2 Change ☐ Addition	
NAME COPENHAVER, PAUL		1.2 NAME	
STREET ADDRESS 8339 GARDEN GATE PLACE		1.3 STREET ADDRESS 7657 Lake Worth Road	
CITY- ST- ZIP BOCA RATON FL		1.4 CITY- ST- ZIP Lake Worth, Florida 33467	
TITLE SD	☐ DELETE	2.1 TITLE 2 Change ☐ Addition	
NAME CARRAZANA, LUIS		2.2 NAME	
STREET ADDRESS 2025 LAVERS CIRCLE, D-207		2.3 STREET ADDRESS 7657 Lake Worth Road	
CITY- ST- ZIP DELRAY BCH FL		2.4 CITY- ST- ZIP Lake Worth, Florida 33467	
TITLE TD	☒ DELETE	3.1 TITLE ☐ Change ☐ Addition	
NAME PETERSON, ARTHUR R		3.2 NAME	
STREET ADDRESS 109 STARLING AV		3.3 STREET ADDRESS	
CITY- ST- ZIP ROYAL PALM BCH FL		3.4 CITY- ST- ZIP	
TITLE VD	☐ DELETE	4.1 TITLE 2 Change ☐ Addition	
NAME DONAHUE, CYNTHIA J		4.2 NAME	
STREET ADDRESS 667 EAGLE CIRCLE		4.3 STREET ADDRESS 7657 Lake Worth Road	
CITY- ST- ZIP DELRAY BCH FL		4.4 CITY- ST- ZIP Lake Worth, Florida 33467	
TITLE	☐ DELETE	5.1 TITLE 2 Change ☒ Addition	
NAME		5.2 NAME Anthony Pollack	
STREET ADDRESS		5.3 STREET ADDRESS 7657 Lake Worth Road	
CITY- ST- ZIP		5.4 CITY- ST- ZIP Lake Worth, Florida 33467	
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0931252

CR2E034 (9/96)