

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 # **P95000076251 (4)**

1. Corporation Name

CBD HOLDINGS, INC.



Principal Place of Business

**777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401**

Mailing Address

**777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CHAUNCEY, HARRISON K JR.
777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH FL 33401**

81. Name

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

83. City

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

4. FEI Number

65-0615970

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Florida principal

NOTE: Registered Agent signature must be typed

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DREYFOOS, CAROLYN B	
STREET ADDRESS	14 SOUTH LAKE TRAIL	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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 checked. I or one of my authorized officers

SIGNATURE

SIGNATURE AND

DATE

ED

FFICE OF

CTOR

2/29/96

DATE

Daytime Phone: #

CR2E034 (12/95)