

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 # P95000094917 (8)

1. Corporation Name
C.A.D., INC.



Principal Place of Business
**4800 DIXIE HIGHWAY, SUITE 21
PALM BAY FL 32905**

Mailing Address
**4800 DIXIE HIGHWAY, SUITE 21
PALM BAY FL 32905**

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report

4. FEI Number
59-3353657

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 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**MILLER, RICHARD H ESQ.
307 PALMETTO STREET
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name **Richard Rogers**

82 Street Address (P.O. Box Number is Not Acceptable)
1135 S WASHINGTON AVENUE

83

84 City **Titusville** FL 85 Zip Code **32780**

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 **Richard Rogers** P.A. **5/10/96**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DP DAVIS, JEFF JR.**

STREET ADDRESS **6840 HUNDRED ACRE DRIVE**

CITY-ST-ZIP **PORT ST. JOHN FL 32927**

TITLE DELETE

NAME **DP CADORE, ANTHONY V SR.**

STREET ADDRESS **1670 CRAIG AVE.**

CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE DELETE

NAME **DS CADORE, ANTHONY V JR.**

STREET ADDRESS **7285 BRIGGS AVE.**

CITY-ST-ZIP **COCOA FL 32927**

TITLE DELETE

NAME **DT CADORE, MICHAEL**

STREET ADDRESS **817 EMERALD WAY**

CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, unchanged, or as an attachment with an address:

SIGNATURE: **[Signature]** **5/1/96** **407-952-1645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc. No. Phone #

CR2E034 (12/95)