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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 32905-8087

3. Date Incorporated or Qualified: 12/14/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3353657
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: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ROGERS, ROCHARD
1135 S WASHINGTON AVENUE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name: BURTON GREEN
82 Street Address (P.O. Box Number is Not Acceptable): 43 SOUTH ATLANTIC AVENUE
83
84 City: COCOA BEACH FL 85 Zip Code: 32931

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: BURTON GREEN (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/97

12. OFFICERS AND DIRECTORS

TITLE: DP	NAME: DAVIS, JEFF JR.	STREET ADDRESS: 6840 HUNDRED ACRE DRIVE	CITY-ST-ZIP: PORT ST. JOHN FL 32927	<input type="checkbox"/> DELETE
TITLE: DP	NAME: CADORE, ANTHONY V SR.	STREET ADDRESS: 1670 CRAIG AVE.	CITY-ST-ZIP: TITUSVILLE FL 32780	<input type="checkbox"/> DELETE
TITLE: DS	NAME: CADORE, ANTHONY V JR.	STREET ADDRESS: 7265 BRIGGS AVE.	CITY-ST-ZIP: COCOA FL 32927	<input type="checkbox"/> DELETE
TITLE: DT	NAME: CADORE, MICHAEL	STREET ADDRESS: 817 EMERALD WAY	CITY-ST-ZIP: ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 13 if changed, or in an attachment with an address.

SIGNATURE: MICHAEL A. CADORE DATE: 5/1/97

CR2E034 (9/96)