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FILED

May 13 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 # P96000005091 (9)

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



Principal Place of Business

5002 RIDGEWOOD AVENUE
ALLANDALE FL 32127

Mailing Address

5002 RIDGEWOOD AVENUE
ALLANDALE FL 32127-5121

3. Date Incorporated or Qualified

01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 1635 So. Ridgewood

2a. Mailing Address

26 1635 So Ridgewood

4. FEI Number

59-335-23-00

Applied For

Not Applicable

Suite, Apt. #, etc

22 220

Suite, Apt. #, etc

27 220

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

City & State

23 SO. DAYTONA FL

City & State

28 SO. DAYTONA FL

6. Election Campaign Financing
Trust Fund Contribution

☒ \$5.00 May Be Added to Fees

Zip

24 32119

Country

25 Volusia

Zip

29 32119

Country

30 Volusia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Same The LAW FIRM

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

83

84 City

FL

85 Zip Code

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

Signer's typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
THOMPSON, ROBERT
5002 RIDGEWOOD AVENUE
ALLANDALE FL 32127

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHORT, JUDITH E
5002 RIDGEWOOD AVENUE
ALLANDALE FL 32127

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CURRAN, G. WILLIAM
5002 RIDGEWOOD AVENUE
ALLANDALE FL 32127

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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***165.00

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 on an attachment with an address

SIGNATURE: *George W. Curran* G. WILLIAM CURRAN-504-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)