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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1635 SO RIDGEWOOD
220
SO DAYTONA FL 32119

Mailing Address

1635 SO RIDGEWOOD
220
SO DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3352300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1105 STATE AVE.

Suite, Apt. #, etc.

22

City & State

23 HOLLY HILL, FL

Zip

24 32119

Country

25 VOLUSIA

2a. Mailing Address

26 P.O. Box 713

Suite, Apt. #, etc.

27

City & State

28 NEW SMYRNA BCH, FL

Zip

29 32170

Country

30 VOLUSIA

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MELANIE GOODWIN
1.3 STREET ADDRESS 1105 STATE AVE.
1.4 CITY-ST-ZIP HOLLY HILL, FL 32119

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME JUDITH E. SHORT
2.3 STREET ADDRESS 1105 STATE AVE.
2.4 CITY-ST-ZIP HOLLY HILL, FL 32119

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME PAMELA D. CURRAN
3.3 STREET ADDRESS 636 HAMLET DR.
3.4 CITY-ST-ZIP PORT ORANGE, FL 32127

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME G. WILLIAM CURRAN
4.3 STREET ADDRESS 636 HAMLET DR.
4.4 CITY-ST-ZIP PORT ORANGE, FL 32127

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 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 appointment with an address.

SIGNATURE

G. William Curran G. WILLIAM CURRAN TIA DAVENPORT 4/27/98

904-256-5252

CR2E034 (10/97)