## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020163 (7)

THE CALADIUM GROUP, INC.

FILED 97 JUN 26 PM 3: 54



Principal Place of Business Mailing Address							4 IMBITADI 418 ABIEN MINIT MDIHI MDIHI	JOIN 08				
657 SOUTH LA LAKE PLACID	AKEVIEW ROAD FL 33852		657 SOUTH LAKEVIEW ROAD LAKE PLACID FL 33852-6805									
						-	3. Date Incorporated or Qualifi 03/05/1996	ed	3a. Date o	f Last F	Report	
	Place of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			T A	oplied For	
21		26					65-06983	ZL		N	ot Applicable	
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.				1	5. Cortificate of Status Desired	[	<u> </u>		Additional	
City & Sta	io.	City & State									equired	
23		28	<del></del>				<ol><li>Election Campaign Financini Trust Fund Contribution</li></ol>	} r			May Be to Fees	
Zip				 Intry	-		This corporation has liability	for inte				
24	25	29	30	•			Florida Statutes	ΙΟΙ <i>Ι</i> ΄ΙΙΙ		0/106/ S	. 199.032,	
	9. Name and Address of Curre	nt Registered Agent				1	0. Name and Address of New	Regis	tered Ager	nt		
* LUE	DDE, WILLIAM ANDREW			81	Name							
657	SOUTH LAKEVIEW ROAD			82	Street A	Address	(P.O. Box Number is Not Acce	ntable'		•••		
1 LAK	E PLACID FL 33852			Ou del Audi			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 			
4				83								
				84	City				<b>-</b> 85	Zip	Code	
					-				ᆙ┖╵			
office or agent. Its	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig							cept ti	he appointn	nont as	registered	
12.	Signature, lyped or printed name of registered ag	ent and tille if applicable. (NO ID DIRECTORS		o Agei	nt signature	required w	hen reinstaling)		DA1E.			
TITLE	OFFICERS AN	DELETE	13.	1) [		77	ADDITIONS/CHANGES TO OI		·· · · · · · · · · · · · · · · · · · ·	ΛL	Addition	
NAME		□ vector	1.2 N/				ULIAM ANDLO 7 S, LAKEVIE 9KE PLACID F	1/	' ليــا . <b>٨ (يــــ</b> د د	Ghange	ADDITION	
STREET ADDRESS					ADDRESS	100	7 5 / NICOLO	ノ ン	NEW	=		
City-ST-ZIP			1.4 CI			63	1 S. CAMEUICA		300	<u>_</u>	•	
TITLE		DELETE	2.1 11		211		THE PLAYUE		<i>332</i>	Change	Addition	
NAME			2.2 NA	ME					_			
STREET ADDRESS			2.3 ST	REET	ADORESS							
CITY-ST-ZIP			2 4 0			and the state of	ം ജനനന്നാ	دو: د	979	~~		
TITLE		☐ DELETE	3 1 Til				700002 -07/0	179	7017	<b>3000</b> 06	Addition	
NAME			32 NA	AME			おお お	ies	.00 **	2.0 総総制1	65.00	
STREET ADDRESS			3351	REET	ADDRESS		- Andrian	100.	.00	4y4 <b>4</b>	00.00	
CITY/ST-ZIP			3 4. C	1Y-\$	T-ZIP							
TITUE		☐ DELF1E	4110	LE						Change	Addition	
NMME			4. 2 N	AME								
STREET ADDRESS			4.3 ST	REE1 /	ADDRESS							
CITY-ST-ZIP	NEW 1		4.4 CI	IY-51	- ZIP							
TITLE		☐ DELETE	5.1 Ti1							Change	☐ Addition	
NAME			5.2 NA	ME								
STREET ADDRESS			5.3 ST	REE1 A	ADDRESS				_			
CITY-ST-ZIP		T course	5.4 CI		- 21P			_/				
TITLE		☐ DELETE	6.1 TIT					11	ክ}⊔°	Change	Addition	
NAME OTDOOR ADDROOM			6.2 NA					/ U	'11			
STREET ADDRESS			1		ADDRESS		· / /	71	<del>/</del> /			
14. I do bere	by certify that the information supplie	d with this filing does not quali	64 Ci			tated in f	Pooling 110 07/2V/V Florido Cta	1/-	urther cert	9 11 -1		

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 Brock 13 if proged, or on a contract with an address.