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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031171

CITY-ST-ZIP

CDIS ENTERPRISES, INCORPORATED

Principal Place	of Business	Mailing Address						· · · · · · · · · · · · · · · · · · ·	
5314 PEPPER L	ANE	5314 PEPPER LANE				,			
MARIANNA FL 32448-7340		MARIANNA FL 32448-7342				DO NOT WRITE IN THIS SPACE			
US	*	US				3. Date Incorporated or Qualifed			
						04/10/1996		}	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	ace of Business	26				59-3375296	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional			
22	,	27				5. Certificate of Status Desired	Fee	Required	
City & State	θ	City & State				6. Election Campaign Financing			
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intar		_	
24	25	29 3	<u>o]</u>			1 Gradital Froperty Tax:	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		
Ć A DT	TED CHANIEV W		Į	31	Name				
	TER, CHANLEY W.		Įε	32	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
	PEPPER LN IANNA FL 32448 – 7340		L,	_			_		
MADI	IANNA PL 32446 - 7 5 7 0		8	13					
			8	34	City		85 Z	ip Code	
					•	<u>FL</u>	<u> </u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Fiorida. Such change was auti	norized t	JY YC	named corpor he corporation	oration submits this statement for the purpose of cl n's board of directors. I hereby accept the appoint	ment as	registered	
SIGNATURE	A STATE OF THE STATE OF THE STATE OF								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			tegistered Agent signature required 13.		signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TOPS IN 12	
12.		DELETE	1.1 TITLE				Chan		
TITLE	PD CAPTED CHANGEY W		1.2 NAME					g	
NAME	CARTER, CHANLEY W	The state of the s				•			
STREET ADORESS	5314 PEPPER LANE				ADDRESS				
CITY-ST-ZIP	MARIANNA FL 32448-7340	☐ DELETE	1.4 CITY- 2.1 TITLE		ZIP		☐ Chan	ge Addition	
TITLE	VD	() DECE IE			1		پا	90	
NAME	CARTER, DENISE L		2.2 NAME						
STREET ADDRESS	5314 PEPPER LANE		2.3 STREET					ļ	
CITY-ST-ZIP	MARIANNA FL 32448-7340				-ZIP		Chan	ge 🔲 Addition	
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I-NAME			3.2 NAME					l	
STREET ADDRESS			1		ADDRES\$			ĺ	
CITY-ST-ZIP				/·ST	-ZIP		Char	ge	
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NAME			4. 2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY-S		ZIP		[] Cho-	ngo 🗆 Addition	
TTLE		☐ DELETE	5.1 TITLE				Chan	ige	
NAME			5.2 NAM			•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				'-ST-	·ZIP				
TITLE		☐ DELETE	6.1 TITU				☐ Char	nge 🔲 Addition	
NAME			6.2 NAM					,	
CTDEET ADDDESS			6.3 STR	EET A	ADDRESS				

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90116 006 ***150.00



CR2E034 (11/98)

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 attachment with an address, with all other like empowered. SIGNATUR

6.4 CITY-ST-ZIP