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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000035612 (6)

CDC EQUIPMENT AND SUPPLIES, INC.

Principal Place of Business Mailing Address									i rebindêr kin jarin dalir dalin dalih nahin sejad inibi dilik dijar sibil dibi inê			
12257 SW 130 STREET 12257 SW 130 STREET MIAMI FL 33186 MIAMI FL 33186					TREET							
minum (E 35100									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
2. Principal Place of Business 2e. Mailing Address									04/24/1996 4. FEI Number		<del></del>	A 1' 1 T
21				26. Walling Address				}			<del></del>	Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				—-	65-0667175		<del></del>	Additional
22			27	27					5. Certificate of Status Desired			Required
City & Stat	6			City & State					6. Election Campaign Financing		\$5.00	O May Be
23			28	<u> </u>				Trust Fund Contribution			d to Fees	
Zip	Country			Ζφ 1	_	Country			8. This corporation owes or has p			ntangible
24 25 29 30 9. Name and Address of Current Registered Agent									Personal Property Tax due Jun  10. Name and Address of New R			T INO
PETER G GRUBER PA							Name					
9100 S DADELAND BLVD STE 910						82	Ctroot	Addron	is (P.O. Box Number is Not Accepta	hla)	<del></del>	
MIAMI FL 33156						02	Street	Addres	s (F.O. Box Number is Not Accepts	1010)		
·····	, 6 00 .02					83						
						84	City				85 Zip	o Code
										FL	•	
office or r	e <b>oiste</b> red agei	nt, or both, in the St	ate of Flor	rida. Such chand	de was autho	rized by	the cor	d corporation	ation submits this statement for the n's board of directors. I hereby acce	purpose of apt the apt	f changing xointment a	its registered is registered
agent. I a	ım <b>fam</b> iliar with	, and accept the ob	ligations (	of, Section 607.0	0505, Florida	Statutes				, ,		<b>3</b>
SIGNATURE	Stoneture, turned or	printed name of registered	Laurent and LL	de d'envolgatio	(NC)TE Dog	intered Age	nt cionat v	ro romited	when reinstaling)	DATE		
12.	Signatore, typica or	OFFICERS			<del></del> =	13.	on signator	TE TECHNICO	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	PSD			☐ DEL	LETE	1.1 TITLE		T			Change	Addition
NAME KANTROWITZ, JACK				1.2 N								
STREET ADDRESS 12257 SW 130 STREET				1.3 ST			ADDRESS					
CITY-ST-ZIP MIAMI FL 33186							T-ZIP	<b> </b>				
TITLE				☐ DEL	1	2.1 TITLE					☐ Change	Addition
NAME ATOME ADOMESIA						2.2 NAME	1DDDCcc					
STREET ADDRESS							ADDRESS					
TITLE	CITY-ST-ZIP DELL					2. 4 CITY - ST - ZIP 3.1 TITLE					Change	Addition
NAME				_		3.2 NAME						
STREET ADDRESS	•				•	3.3 STREET	ADDRESS					
CITY-ST-ZIP							T-ZIP					
TITLE				DEL	LETE .	4.1 TITLE					Change	☐ Addition
NAME					1	4. 2 NAME						
STREET ADDRESS						4.3 STREET						
CITY-ST-ZIP						4.4 CITY - S	T-ZIP	<b>_</b>			Change	Addition
TITLE	<b>)</b>			☐ DEL		5.1 TITLE					☐ Change	Addition
NAME Street Address					•	5.2 NAME 5.3 STREET	AUUBEGG	1				
CITY-ST-ZIP						5.4 CITY-S						ĺ
TITLE				□ D€U		6.1 TITLE	- 20	<del> </del>			Change	☐ Addition
NAME				_		6.2 NAME					·	
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY-ST-ZIP					1.	64 CITY-S	T - 71P	1				

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 innual 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 area timent with an address.

4/10/00

\*205/238-229

**FILED** 

May 01 1998 8:00am

Secretary of State