


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

FILED  
May 27 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000084731 1. Corporation Name <b>CAD CONCEPTS, INC.</b>					
Principal Place of Business <b>3053 VILLAGE PARK DRIVE MELBOURNE, FL 32934</b>			Mailing Address <b>3053 VILLAGE PARK DRIVE MELBOURNE, FL 32934</b>		
<b>2. Principal Place of Business</b> 21 <b>155 RIVER ROAD CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>ROCKLEDGE, FLORIDA</b> Zip Country 24 <b>32955</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>155 RIVER ROAD CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>ROCKLEDGE, FLORIDA</b> Zip Country 29 <b>32955</b> 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>10-10-96</b> <b>4. FEI Number</b> <b>59-3404428</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>MARK P. WILSON 3053 VILLAGE PARK DRIVE MELBOURNE, FL 32934</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>155 RIVER ROAD CIRCLE</b> 83 84 City <b>ROCKLEDGE</b> <b>FL</b> 85 Zip Code <b>32955</b>		
<b>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.</b> SIGNATURE <b>MARK P. WILSON/PRESIDENT</b> <i>Mark P. Wilson</i> 4/27/98 Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS MARK P. WILSON 3053 VILLAGE PARK DRIVE MELBOURNE, FL 32934</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955</b>		<b>CR2E034 (1097)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT KRISTINE S. WILSON 3053 VILLAGE PARK DRIVE MELBOURNE, FL 32934</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 RIVER ROAD CIRCLE ROCKLEDGE, FL 32955</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200002537942 -05/28/98--01010--003 ***150.00</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kristine S. Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>KRISTINE S. WILSON</b> TREASURER		<b>4/27/98</b> <b>407-690-0031</b> Date Daytime Phone #	