

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

FILED

Apr 15 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 # P97000020924 (1)

1. Corporation Name
CORDES SYSTEMS, INC.



Principal Place of Business

Mailing Address

9733 ARBOR OAKS LANE
SUITE 305
BOCA RATON FL 33428

9733 ARBOR OAKS LANE
SUITE 305
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

65-0737424

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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 9569 Parkview Ave

22 Suite, Apt. #, etc.

22 Boca Raton FL

23 City & State

23 Boca Raton FL

24 Zip

24 33428

Country

25 USA

2a. Mailing Address

26 9569 Parkview Ave

27 Suite, Apt. #, etc.

27 Boca Raton FL

28 City & State

28 Boca Raton FL

29 Zip

29 33428

Country

30 USA

9. Name and Address of Current Registered Agent

CORDES, STEVEN A
9733 ARBOR OAKS LANE
SUITE 305
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

Cordes, Steven A

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

9569 Parkview Avenue

83

84 City

Boca Raton

FL

85 Zip Code

33428

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CORDES, STACY L
STREET ADDRESS
9733 ARBOR OAKS LANE
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE ☐ DELETE

NAME
CORDES, STEVEN A
STREET ADDRESS
9733 ARBOR OAKS LANE
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9569 Parkview Ave
Boca Raton FL 33428

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP, T, S
9569 Parkview Ave
Boca Raton FL 33428

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 attachment with an address.

SIGNATURE V.P. - Stacy L Cordes

V.P. Steven A Cordes 4/9/98 65-0737424

CR2E034 (10/97)