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 # P97000086972 (1)

CDR DEVELOPMENT CORPORATION

FILED May 04 1998 8:00am Secretary of State

•		• • •		
Principal Place	e of Business	Mailing Address		
215 SW LEJEUNE RD 215 SW LEJEUNE RD				
MIAMI FL 33134-1799 MIAMI FL 33134-1799				DO NOT MIDITE IN THIS COACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/06/1997
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		05- 0788036 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	e e e e e e e e e e e e e e e e e e e	City & State		Election Campaign Financing \$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
E4]	9. Name and Address of Curren		130]	10. Name and Address of New Registered Agent
DAY	VID, MARY A	· · · · · · · · · · · · · · · · · · ·	81 Name	
	SW LEJEUNE RD		82 Street	Address (D.O. Clay Murchas in Not Associable)
MIAMI FL 33134-1799			62 Street	t Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	85 Zip Code
			Oily	FL 65 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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				
12,	Signature: typed or printed name of registered age: OFFICERS AND		16 Registered Agont signature 13.	rc required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D E	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ROSEN, NORMAN S		1.2 NAME	- Stange - Stanner
STREET ADDRESS	215 SW LEJEUNE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134-1799		1.4 CITY-ST-ZIP	
TITLE	DE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	rosen, Clifford D		2.2 NAME	
STREET ADDRESS	215 SW LEJEUNE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134-1799		2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		(DECEMBER	4.1 HILE 4.2 NAME	E change C Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TALE		DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	
TITLE		DELETE	61 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CHY-S1-ZIP	
44 I horoby o	شيراء والترسيم يتمراه يسمواها مطالع طالعهما	المرازلين المريم مراجعها والمرازل والمرازل	for the avamption alot	and in Continue 110 07/3Vi) Elevida Statutes 1 further contiluthal the information

4. Thereby 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 is supplemental arms of 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 of the duporation or the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 10 in changed, or on an althought ent with an address.