

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90001 018 \*\*\*150.00

DOCUMENT # **P98000024107**

1. Corporation Name

**CDS PROFESSIONAL, INC.**

Principal Place of Business

**401 SE 14TH ST  
DEERFIELD BEACH FL 33441**

Mailing Address

**401 SE 14TH ST  
DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1998**

2. Principal Place of Business

**22848 Ironwidge Dr.**

Suite, Apt. #, etc.

2a. Mailing Address

**22848 Ironwidge Dr.**

Suite, Apt. #, etc.

4. FEI Number

**65-0815459**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip Country

**33433**

**25**

**Palm Beach**

Zip Country

**33433**

**30**

**Palm Beach**

9. Name and Address of Current Registered Agent

**SOWA, CHRISTOPHER D**

**401 SE 14TH ST**

**DEERFIELD BEACH FL 33441**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

**Chris Sowa**  
Signature, typed or printed name of registered agent and title if applicable.

**President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SOWA, CHRISTOPHER D**

STREET ADDRESS **401 SE 14TH ST**

CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**Chris Sowa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/99**

**954-753-8110**

CR2E034 (1/98)