

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 219040 (3)  
1. Corporation Name  
**FRANK KERDYK, INC.**



Principal Place of Business: 2631 PONCE DE LEON BLVD. CORAL GABLES FL 33134  
Mailing Address: 2631 PONCE DE LEON BLVD. CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/08/1959  
3a. Date of Last Report: 01/27/1995  
4. FEI Number: 59-0860818  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**JOYCE, PEARLE G.  
2631 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Chapter 607, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the provisions of Chapter 607, Florida Statutes.

SIGNATURE: *Pearle G. Joyce* (Registered Agent Signature) and *William H. Kerdyk, Jr.* (Signature of Signing Officer or Director)  
Date: *April 18, 1996*

12. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | PTO                     | <input type="checkbox"/> DELETE |
| NAME            | KERDYK, WILLIAM H. JR.  |                                 |
| STREET ADDRESS  | 2631 PONCE DE LEON BLVD |                                 |
| CITY - ST - ZIP | CORAL GABLES FL         |                                 |
| TITLE           | D                       | <input type="checkbox"/> DELETE |
| NAME            | KERDYK, LYNN F.         |                                 |
| STREET ADDRESS  | 2631 PONCE DE LEON BLVD |                                 |
| CITY - ST - ZIP | CORAL GABLES FL         |                                 |
| TITLE           | S                       | <input type="checkbox"/> DELETE |
| NAME            | JOYCE, PEARLE G.        |                                 |
| STREET ADDRESS  | 2631 PONCE DE LEON BLVD |                                 |
| CITY - ST - ZIP | CORAL GABLES FL         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 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: *William H. Kerdyk, Jr.* 4/20/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)