

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzana B. Marbrun
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **332170** (0)

1. Corporation Name: **EDWARDS MACY-BRENNER'S, INC.**



Principal Place of Business

**415 EAST PRINCETON ST.
ORLANDO FL 32803**

Main Office Address

**415 EAST PRINCETON ST.
ORLANDO FL 32803**

2. Principal Place of Business

2a. Main Office Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

g. Name and Address of Current Registered Agent

**MOSS, LINDA M
415 E. PRINCETON STREET
ORLANDO FL 32803**

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 607.0227 and 607.1201, Florida Statutes, this corporation hereby certifies 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0227, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, MACY	
STREET ADDRESS	415 E. PRINCETON	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRENNER, EDWARD	
STREET ADDRESS	415 E. PRINCETON	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRENNER, MARC	
STREET ADDRESS	415 E. PRINCETON	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRENNER, DAVID	
STREET ADDRESS	415 E. PRINCETON	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BRENNER, GOLDY	
STREET ADDRESS	415 E. PRINCETON	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenner, Goldy	
STREET ADDRESS	415 E. Princeton St	
CITY-STATE-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied to the Florida Department of State is true and correct, and that I am an officer or director of the corporation or the registered agent of the corporation. I further certify that the information contained on this annual report is a complete and correct report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

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