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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 664278 (9)
1. Corporation Name
NANCY REED ENTERPRISES INC.



Principal Place of Business: **3550 BISCAYNE BLVD. #504 MIAMI FL 33137**
Mailing Address: **C/O KANTER CORP 4700 ASHWOOD DR. #400 CINCINNATI OH 45241-2467 US**

3. Date Incorporated or Qualified: **02/06/1980** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1976689** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**KANTER, JOSEPH
3550 BISCAYNE BLVD. #504
MIAMI FL 33137**

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: **FL**

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE: PD	KANTER, N R	<input type="checkbox"/> DELETE
STREET ADDRESS: 3550 BISCAYNE BLVD.	MIAMI FL	
TITLE: STD	KANTER, H A	<input type="checkbox"/> DELETE
STREET ADDRESS: 3550 BISCAYNE BLVD.	MIAMI FL	
TITLE: AS	ADLER, F.H.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 4700 ASHWOOD DR	CINCINNATI OH	
TITLE: V	WILDERMUTH, R.E.	<input type="checkbox"/> DELETE
STREET ADDRESS: 4700 ASHWOOD DR	CINCINNATI OH	
TITLE: _____	_____	<input type="checkbox"/> DELETE
TITLE: _____	_____	<input type="checkbox"/> DELETE

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	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wildermuth, R.E.	
4.3 STREET ADDRESS	7759 Montgomery Road, #3	
4.4 CITY - ST - ZIP	Cincinnati, Ohio 45236	
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 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: _____ DATE: **4/18/97** DAYTIME PHONE #: **305 576 4310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)