

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # G58266 (9)
1. Corporation Name
2065, INC.



Principal Place of Business
**401/420 SE 12 CT
FT LAUDERDALE FL 33316
US**

Mailing Address
**401/420 SE 12 CT
FT LAUDERDALE FL 33316
US**

3. Date Incorporated or Qualified
09/06/1983

3a. Date of Last Report
01/17/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2320183	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			30				

9. Name and Address of Current Registered Agent

**KIDWELL, JAMES L.
2065 RIVERLAND RD.
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name
KIDWELL, JACQUELINE H.

82 Street Address (P.O. Box Number is Not Acceptable)
1110 S. Flamingo Rd

83

84 **DAVIE** FL 85 Zip Code
33325

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: *Jacqueline H. Kidwell Pres.* DATE: **1/15/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KIDWELL, JAMES L.	
STREET ADDRESS	2065 RIVERLAND RD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	KIDWELL, JACQUELINE H.	
STREET ADDRESS	2065 RIVERLAND RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME	KIDWELL, JACQUELINE H.	
STREET ADDRESS	2065 RIVERLAND RD.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
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	Kidwell, Jacqueline H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kidwell, Jacqueline H.	
1.3 STREET ADDRESS	1110 S. Flamingo Rd	
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33325	
2.1 TITLE	Kidwell, Jacqueline H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kidwell, Jacqueline H.	
2.3 STREET ADDRESS	1110 S. Flamingo Rd	
2.4 CITY-ST-ZIP	DAVIE FLORIDA 33325	
3.1 TITLE	Kidwell, Jacqueline H.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kidwell, Jacqueline H.	
3.3 STREET ADDRESS	1110 S. Flamingo Rd.	
3.4 CITY-ST-ZIP	DAVIE, FLORIDA 33325.	
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 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: *Jacqueline H. Kidwell Pres.* DATE: **1/15/96** 954-524-3312

CR2E034 (12/95)