

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H78514** (7)

1. Corporation Name
AMERIDIVE II, INC.



Principal Place of Business
**9819-1 S MILITARY TRL.
BOYNTON BCH FL 33436**

Mailing Address
**9819-1 S MILITARY TRL.
BOYNTON BCH FL 33436**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**PHILLIPS, ANTHONY R.
4441 PALO VERDE DRIVE
BOYNTON BEACH FL 33436**

3. Date of Incorporation Qualified **10/01/1985**

3a. Date of Last Report **03/10/1995**

4. FEIN Number **59-2626786**

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

10. Name and Address of New Registered Agent

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 607.0702 and 607.1508, Florida Statutes, the above named corporation hereby certifies that the person named for the purpose of changing its registered office is familiar with, and accepts the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PHILLIPS, ANTHONY R.**
STREET ADDRESS **4441 PALO VERDE DRIVE**
CITY-STATE-ZIP **BOYNTON BEACH FL**

13. Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

15. Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

16. Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

18. Change Addition

19. Change Addition

20. Change Addition

21. Change Addition

22. Change Addition

23. Change Addition

24. Change Addition

25. Change Addition

26. Change Addition

27. Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony R. Phillips
ANTHONY R PHILLIPS

4/20/96

167 732 0833

CR2E034 (12/95)