

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000759 (1)

1. Corporation Name
EARTH DREAM ALLIANCE, INC.



Principal Place of Business: **601 WALDEMAR RD JUPITER FL 33417 US**
Mailing Address: **P O BOX 2219 JUPITER FL 33468 US**

3. Date Incorporated or Qualified: **03/18/1993**
3a. Date of Last Report: **06/14/1995**

21. Principal Place of Business: **601 WALDEMAR RD JUPITER**
22. Suite, Apt. #, etc.
23. City & State: **JUPITER FL**
24. Zip: **33477**
25. Country: **USA**

4. FEI Number: **65-0414276**
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

9. Name and Address of Current Registered Agent
**DRAKE, LINDA O
601 WALDEMAR RD
JUPITER FL 33477**

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 Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: *Linda O Drake* PRESIDENT DATE: **4/14/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, LINDA O	1.2 NAME	LINDA O DRAKE
STREET ADDRESS	71 GREEN POINT CIR	1.3 STREET ADDRESS	601 WALDEMAR RD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	JUPITER FL 33477
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFERTY, SUSAN S	2.2 NAME	SUSAN S. RAFFERTY
STREET ADDRESS	71 GREEN POINT CIR	2.3 STREET ADDRESS	601 WALDEMAR RD.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	JUPITER FL 33477
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISMAN, MARLENE	3.2 NAME	MARLENE REISMAN
STREET ADDRESS	20 5TH AVE APT G	3.3 STREET ADDRESS	20 5TH AVE. APT G
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NY. NY. 10011
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800001848928
STREET ADDRESS		5.3 STREET ADDRESS	-06/04/96--01009--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	AEB
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Susan S Rafferty, sec.* DATE: **4.14-96** (407) 744-7600

CR2E037 (12/95)