

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003480 (9)

1. Corporation Name
EDO ASSOCIATION OF FLORIDA INCORPORATED



Principal Place of Business: **17220 NW 47 AVENUE MIAMI FL 33055**
Mailing Address: **17220 NW 47 AVENUE MIAMI FL 33055**

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report: **08/22/1995**

2. Principal Place of Business (21-23):
2a. Mailing Address (26-28):
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: **65-0550278**
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

9. Name and Address of Current Registered Agent
**IGBINOBA, VICTOR O
17220 NW 47 AVENUE
MIAMI FL 33055**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD IGBINOBA, VICTOR 17220 NW 47 AVENUE MIAMI FL 33055	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGBINOBA, VICTOR	1.2 NAME	
STREET ADDRESS	17220 NW 47 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	1.4 CITY - ST - ZIP	
TITLE	VD OVIASOGIE, PHILIP 3404 SHERATON PLACE MIRAMAR FL 33025	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVIASOGIE, PHILIP	2.2 NAME	
STREET ADDRESS	3404 SHERATON PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33025	2.4 CITY - ST - ZIP	
TITLE	SD ENOGIERU, SUNDAY 9811 BOSQUE LANE MIRAMAR FL 33025	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENOGIERU, SUNDAY	3.2 NAME	
STREET ADDRESS	9811 BOSQUE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33025	3.4 CITY - ST - ZIP	
TITLE	TD IGBINOBA, SUNDAY 8420 MIRAMAR PARKWAY MIRAMAR FL 33025	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGBINOBA, SUNDAY	4.2 NAME	
STREET ADDRESS	8420 MIRAMAR PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL 33025	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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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	<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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICTOR IGBINOBA

Date: **4/28/96**
Telephone: **(305) 621-7768**

CR2E037 (12/95)