

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 SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP 16 AM 9:33

DOCUMENT # P95000045909 (5)

1. Corporation Name
FLORIDA INVESTMENT AND DEVELOPMENT CORP.



BR 9/26/96

Principal Place of Business: 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309
Mailing Address: 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.				
Principal Place of Business					Mailing Address					FEI Number		Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State					City & State												
Zip		Country			Zip		Country										

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORZECK, RANA M 100 W. CYPRESS CREEK ROAD SUITE 910 FORT LAUDERDALE FL 33309				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 607.0502 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 the state's name. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

Director, Inc. x
Se Il Yu
6100 Hollywood blvd Suite 311
Hollywood, FL 33024
100001962441
-10/02/96--01023--003
****225.00 ****225.00

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: *Se Il Yu* Se Il Yu Dir. 09/12/96 954-964-3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)