

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

DOCUMENT # **P 950000 53364**

1. Corporation Name
P & C EDEN, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **07/05/95** 3a. Date of Last Report

4. FEI Number **65-0590486** 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

2. Principal Place of Business 2a. Mailing Address

21 **4533 S.E. DIXIE HWY** 26 **4533 SE DIXIE HWY**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **STUART FL.** 28 City & State **STUART FL**

24 Zip **34997** 25 Country **US** 29 Zip **34997** 30 Country **US**

9. Name and Address of Current Registered Agent

DONALD L. BASS
7166 S.E. OSPREY STREET
HOBEC SOUND, FL 33455

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, P PAUL B. EDEN	1.2 NAME	
STREET ADDRESS	5005 S.E. LISBON CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D, S CAROL N. EDEN	2.2 NAME	
STREET ADDRESS	5005 SE LISBON CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TERRY J. HANNA
STREET ADDRESS		3.3 STREET ADDRESS	994 SW 35TH STREET #RR-2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM CITY FL 34990
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DANIEL B. ROCKWOOD
STREET ADDRESS		4.3 STREET ADDRESS	604 S.W. 35TH STREET #4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM CITY FL 34990
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	

100001793931
04/25/96--01018--020 Change Addition
*****200.00**
RES
4-24-96

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: _____ DATE: **4/19/96** DAYTIME PHONE #: **(407) 283-0094**

CR2E034 (12/95)