

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S66360** (6)  
 1. Corporation Name  
**905 ASSOCIATES, INC.**



Principal Place of Business: **2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE FL 33304**  
 Mailing Address: **2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE FL 33304**

3. Date Incorporated or Qualified: **07/12/1991**  
 3a. Date of Last Report: **08/31/1995**  
 4. FEI Number: **65-0311598**  
 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: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

9. Name and Address of Current Registered Agent: **GREENE, RICHARD P., ESO. 2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE FL 33304**  
 10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL 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: \_\_\_\_\_ (Type or print name of registered agent and title, if applicable. (If the registered agent signature is required when re-registering, DATE: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHANE, TIM A.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PERRY, MARK C.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GREENE, RICHARD P.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ZWIBEL, ERIC B.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PERRY, DIANE M.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Shane, Tim A.</b>
13 STREET ADDRESS	<b>2455 E. Sunrise Blvd.</b>
14 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33304</b>
21 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Perry, Diane M.</b>
23 STREET ADDRESS	<b>2455 E. Sunrise Blvd.</b>
24 CITY - ST - ZIP	<b>Fort Lauderdale, FL 33304</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane M. Perry* Secretary **7/24/96** (854) 584-6616  
 D IAN E M P E R R Y, SECRETARY  
 (Type or print name of signing officer or director)

CR2E034 (3/96)