FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	<u> </u>
DOCUMEN.	Т#

546858

(2)

 Corporation Name EDO NO

FPU	o, ING.							
Principal Pla	ce of Business	Mailing Address						diliti bibit bibit bibit bibit
	6TH ST., SUITE 308 ON FL 33324	7951 S.W. 6TH ST PLANTATION FL 3						
						3. Date Incorporated or Qualified 08/25/1977		of Last Report /17/1995
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1764397		Not Applicab
Suite, Ap	t. #, etc.	Suite, Apt. #, etc).			5. Certificate of Status Desired		\$8.75 Additional
22		27						Fee Required
City & St	ate	City & State				Election Campaign Financing		\$5.00 May Be
23		28				Trust Fund Contribution		Added to Fees
Zip	Country	Zip	co	Country			as liability for intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes		
g. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered A	gent	
COLIN	VADTZ AICH D			81	Name			
SCHWARTZ, NEIL D 7951 S.W. 6TH STREET, SUITE 308			82	Street Add	ress (P.O. Box Number is Not Acceptable	3)		
PLAN	TATION FL 33324			83				

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

City 84

	Signature, typed or printed name of registered agent and title if appli		TE: Registered Agent signature required	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	□ DELETE	1. 1 TITLE	Change Add
NAME	SCHWARTZ, NEIL D.		12 NAME	
STREET ADDRESS	7951 S.W. 6TH ST STE 308		1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL		1.4 City - St - ZIP	
TITLE		☐ DEFELE	2 1 TITLE	Change Add
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - S1 - 2IP	
TiTLE		☐ DELETE	3. 1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CHTY-ST-ZIP			3 4 CITY - ST - ZIP	
TiTLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - 7IP			54 CHTY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
OITY OF 710			6.4 CITY . ST. 7IP	

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 early; 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 at an ittachment with an address.

SIGNATURE:

Applied For Not Applicable

Zip Code

85