

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 285196 (2)**

1. Corporation Name  
**2460 CORPORATION**

Principal Place of Business <b>2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435</b>	Mailing Address <b>2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435-7759</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/17/1964</b>		3a. Date of Last Report <b>04/01/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Suite, Apt. #, etc.	27 City & State	28 Zip
29				30			
4. FEI Number <b>59-1387070</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HOWELLS, MARGARET L 2460 S. FEDERAL HWY. APT. 15 BOYNTON BCH FL 33435</b>				81 Name	<b>HENRY P. ZARANSKI</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>2460 S. FEDERAL HWY.</b>		
				83	<b>APT. 15</b>		
				84 City	<b>BOYNTON BEACH</b>	85 State	<b>FL</b>

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: **HENRY P. ZARANSKI, TREASURER** *Henry P. Zaranski* DATE: **2/27/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOWELLS, MARGARET L.</b>	1.2 NAME	<b>JAMES O'DONNELL</b>
STREET ADDRESS	<b>2460 S. FEDERAL HWY.</b>	1.3 STREET ADDRESS	<b>2460 S. FEDERAL HWY. #17</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>
TITLE	<b>ASD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>IVPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAKER, FLORENCE</b>	2.2 NAME	<b>RICHARD TAGELLI</b>
STREET ADDRESS	<b>2460 S. FEDERAL HWY.</b>	2.3 STREET ADDRESS	<b>2460 S. FEDERAL HWY. #20</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZARANSKI, HENRY P</b>	3.2 NAME	
STREET ADDRESS	<b>2460 S FEDERAL HWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>2VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENCIVENGA, MARY</b>	4.2 NAME	<b>SAM CARCHIDI</b>
STREET ADDRESS	<b>2460 S FEDERAL HWY</b>	4.3 STREET ADDRESS	<b>2460 S. FEDERAL HWY. #12A</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZARANSKI, MARIE A</b>	5.2 NAME	<b>THERESA CARCHIDI</b>
STREET ADDRESS	<b>2460 S. FEDERAL HWY.</b>	5.3 STREET ADDRESS	<b>2460 S. FEDERAL HWY. #12A</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	5.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **HENRY P. ZARANSKI, TREASURER** *Henry P. Zaranski* DATE: **2/27/97** 561-737-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)