

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 3/31/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 143175 (8)

1. Corporation Name
B.D. COLE, INC.

Principal Place of Business Mailing Address
2240 PALM BEACH LAKES BLVD. P.O. BOX 3268
P.O. BOX 3266 P.O. BOX 3266
W. PALM BEACH FL 33409-3403 W. PALM BEACH FL 33402
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1944** 3a. Date of Last Report **02/08/1994**

4. FEI Number **59-0200350** 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 Suite, Apt. # etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CALDWELL, MANLEY P., JR.
324 ROYAL PALM WAY
PALM BEACH FL 33480

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLE, JOSEPH SR
STREET ADDRESS	2240 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	CD
NAME	COLE, JOSEPH H. J
STREET ADDRESS	2240 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BCH FL
TITLE	TC
NAME	EDLUND, LOIS A
STREET ADDRESS	2240 PALM BEACH LAKES BLVD.
CITY - ST - ZIP	W PALM BCH FL
TITLE	PD
NAME	WEBER, WILLIAM L.
STREET ADDRESS	2240 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BEACH FL
TITLE	V
NAME	POLLIS, SHARON L
STREET ADDRESS	2240 PALM BEACH LAKES BLVD.
CITY - ST - ZIP	W PALM BEACH FL
TITLE	SD
NAME	CALDWELL, MANLEY P. J
STREET ADDRESS	324 ROYAL PALM WAY
CITY - ST - ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD
43 STREET ADDRESS	ALLEN, RAYMOND W. JR
44 CITY - ST - ZIP	2240 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33409
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VD
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 110.07(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: *Joseph H. Cole, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH H. COLE, JR.

6-7-95 (407) 683-8320

CR2E034 (3/95)