

**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 # **143175 (8)**

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



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

3. Date Incorporated or Qualified: **08/03/1944**  
3a. Date of Last Report: **06/26/1995**  
4. FEI Number: **59-0200350**  
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CALDWELL, MANLEY P., JR.  
324 ROYAL PALM WAY  
PALM BEACH FL 33480**

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: <b>D</b>	<b>COLE, JOSEPH SR</b>	1.1 TITLE: <b>TD</b>	<b>SORY, JAMES R., JR.</b>
NAME: <b>COLE, JOSEPH SR</b>	<b>2240 PALM BCH LKS BLVD</b>	1.2 NAME: <b>SORY, JAMES R., JR.</b>	<b>181 SATINWOOD LANE</b>
STREET ADDRESS: <b>2240 PALM BCH LKS BLVD</b>	<b>W PALM BEACH FL</b>	1.3 STREET ADDRESS: <b>181 SATINWOOD LANE</b>	<b>PALM BEACH GARDENS, FL 33410</b>
CITY-STATE-ZIP: <b>W PALM BEACH FL</b>		1.4 CITY-STATE-ZIP: <b>PALM BEACH GARDENS, FL 33410</b>	
TITLE: <b>CPD</b>	<b>COLE, JOSEPH H. J</b>	2.1 TITLE: <b>D</b>	<b>LUTTRELL, ALVIN L.</b>
NAME: <b>COLE, JOSEPH H. J</b>	<b>2240 PALM BCH LKS BLVD</b>	2.2 NAME: <b>LUTTRELL, ALVIN L.</b>	<b>H5 CROWFIELDS LANE</b>
STREET ADDRESS: <b>2240 PALM BCH LKS BLVD</b>	<b>W PALM BCH FL</b>	2.3 STREET ADDRESS: <b>H5 CROWFIELDS LANE</b>	<b>ASHVILLE, NC 28803</b>
CITY-STATE-ZIP: <b>W PALM BCH FL</b>		2.4 CITY-STATE-ZIP: <b>ASHVILLE, NC 28803</b>	
TITLE: <b>VD</b>	<b>ALLEN, RAYMOND W JR</b>	3.1 TITLE:	
NAME: <b>ALLEN, RAYMOND W JR</b>	<b>2240 PALM BEACH LAKES BLVD</b>	3.2 NAME:	
STREET ADDRESS: <b>2240 PALM BEACH LAKES BLVD</b>	<b>W PALM BEACH FL</b>	3.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>W PALM BEACH FL</b>		3.4 CITY-STATE-ZIP:	
TITLE: <b>VD</b>	<b>POLLIS, SHARON L</b>	4.1 TITLE:	
NAME: <b>POLLIS, SHARON L</b>	<b>2240 PALM BEACH LAKES BLVD.</b>	4.2 NAME:	
STREET ADDRESS: <b>2240 PALM BEACH LAKES BLVD.</b>	<b>W PALM BEACH FL</b>	4.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>W PALM BEACH FL</b>		4.4 CITY-STATE-ZIP:	
TITLE: <b>SD</b>	<b>CALDWELL, MANLEY P. J</b>	5.1 TITLE:	<b>400001743974</b>
NAME: <b>CALDWELL, MANLEY P. J</b>	<b>324 ROYAL PALM WAY</b>	5.2 NAME:	<b>-03/15/96--01016--019</b>
STREET ADDRESS: <b>324 ROYAL PALM WAY</b>	<b>PALM BEACH FL</b>	5.3 STREET ADDRESS:	<b>***200.00</b>
CITY-STATE-ZIP: <b>PALM BEACH FL</b>		5.4 CITY-STATE-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-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 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* **3-12-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)