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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

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

29

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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLE, JOSEPH SR
STREET ADDRESS 2240 PALM BCH LKS BLVD
CITY-STATE-ZIP W PALM BEACH FL

TITLE CPD
NAME COLE, JOSEPH H. J
STREET ADDRESS 2240 PALM BCH LKS BLVD
CITY-STATE-ZIP W PALM BCH FL

TITLE VD
NAME ALLEN, RAYMOND W JR
STREET ADDRESS 2240 PALM BEACH LAKES BLVD
CITY-STATE-ZIP W PALM BEACH FL

TITLE VD
NAME POLLIS, SHARON L
STREET ADDRESS 2240 PALM BEACH LAKES BLVD.
CITY-STATE-ZIP W PALM BEACH FL

TITLE SD
NAME CALDWELL, MANLEY P. J
STREET ADDRESS 324 ROYAL PALM WAY
CITY-STATE-ZIP PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME SORY, JAMES R., JR.
1.3 STREET ADDRESS 181 SATINWOOD LANE
1.4 CITY-STATE-ZIP PALM BEACH GARDENS, FL 33410

2.1 TITLE D
2.2 NAME LUTTRELL, ALVIN L.
2.3 STREET ADDRESS H5 CROWFIELDS LANE
2.4 CITY-STATE-ZIP ASHVILLE, NC 28803

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Date

Daytime Phone #

CR2E034 (12/95)