

# 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 # **186900** (7)  
1. Corporation Name  
**EVERGLADES, INC.**



Principal Place of Business  
**8335 SW 166ST  
MIAMI FL 33157  
US**

Mailing Address  
**P O BOX 3006  
KEY LARGO FL 33037  
US**

3. Date Incorporated or Qualified  
**07/31/1955**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**59-0747995**

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 **10021 SW 45 ST**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami, FL**  
Zip  
24 **33165** Country  
25 **US**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

## 9. Name and Address of Current Registered Agent

**KESHEN, NELSON C  
9130 SOUTH DADELAND BLVD  
STE 1511  
MIAMI FL 33156**

## 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

Signature, typed or printed name of registered agent (s. 607.1508, Florida Statutes)

(NOTE: Registered Agent signature required when new state agent)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUNDEN, JACQUELINE A.</b>	
STREET ADDRESS	<b>8335 SW 166 ST</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>LUNDEN, ELEANOR</b>	
STREET ADDRESS	<b>8335 SW 166 ST</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUNDEN, HARRY</b>	
STREET ADDRESS	<b>8335 SW 166 ST</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	<b>P.O. BOX <del>3006</del> 3006</b>	<b>N/A</b>
14 CITY-STATE-ZIP	<b>KEY LARGO FL 33037</b>	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>PO BOX 3006</b>	<b>N/A</b>
24 CITY-STATE-ZIP	<b>KEY LARGO FL 33037</b>	
31 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>PO BOX 3006</b>	<b>N/A</b>
34 CITY-STATE-ZIP	<b>KEY LARGO FL 33037</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: **HARRY LUNDEN**  
Signature and typed or printed name of signing officer or director

**4-7-96**  
Date

**CHANGING**  
Changing Phone #

CHANGING 119.07(3)(k)