

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 241664 (2)  
1. Corporation Name: **FLACRED, INC.**



Principal Place of Business  
**1400 S. MILITARY TRAIL  
SUITE 204  
DELRAY BEACH FL 33484  
US**

Mailing Address  
**1400 S. MILITARY TRAIL  
SUITE 204  
DELRAY BEACH FL 33484  
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	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Period
11/02/1960	04/04/1995
4. FEI Number	Applied For / Not Applicable
59-0908921	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**STEIN, MAURICE  
5280-D NESTING WAY  
DELRAY BEACH FL 33484**

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 607.1106, 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 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	<b>PST STEIN, MAURICE R</b>	<b>5280-D NESTING WAY DELRAY BEACH FL VD</b>		
	<b>STEIN, ALMA</b>	<b>5280-D NESTING WAY DELRAY BEACH FL</b>		
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-STATE-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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)(c), 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 registered or former employee of it to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of office or an addition with an address.

SIGNATURE: *Maurice Stein* MAURICE STEIN

4/1/96 407 498-4493

CR2E034 (12/95)