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Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 255475 (6)

1. Corporation Name:  
KIDDER-MARCADIS, INC

Principal Place of Business  
% DR. ABE MARCADIS  
1622 NORTH FEDERAL HIGHWAY  
LAKE WORTH FL 33460

Mailing Address  
% DR. ABE MARCADIS  
1622 NORTH FEDERAL HIGHWAY  
LAKE WORTH FL 33460-6645



3. Date Incorporated or Qualified 01/30/1962	3a. Date of Last Report 04/11/1996
4. FEI Number 59-0931881	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent  
GILLIES, JOANN  
1622 N. FEDERAL HWY  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent	
81 Name KATHERINE MARCADIS	
82 Street Address (P.O. Box Number is Not Acceptable) 1622 NORTH FEDERAL HWY	
83 LAKE WORTH FL 33460	
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 X KATHERINE MARCADIS - T. Katherine Marcadis 4/29/97  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARCADIS, ABE
STREET ADDRESS	1622 NORTH FEDERAL HWY.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VTD <input type="checkbox"/> DELETE
NAME	ROBB, CATHERINE W
STREET ADDRESS	1622 NORTH FEDERAL HWY.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARCADIS, KATHERINE
STREET ADDRESS	1622 NORTH FEDERAL HWY.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBB, RICHARD S
STREET ADDRESS	1622 NORTH FEDERAL HWY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X ABE MARCADIS 4/29/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)