

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **285196** (2)
1. Corporation Name
2460 CORPORATION



Principal Place of Business 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	Mailing Address 2460 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435-7759
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/17/1964		3a. Date of Last Report 04/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1387070		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

g. Name and Address of Current Registered Agent HOWELLS, MARGARET L 2460 S. FEDERAL HWY. APT. 15 BOYNTON BCH FL 33435				10. Name and Address of New Registered Agent 81 Name HENRY P. ZARANSKI 82 Street Address (P.O. Box Number is Not Acceptable) 2460 S. FEDERAL HWY. 83 APT. 15 84 City BOYNTON BEACH FL 85 Zip Code 33435			
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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 **HENRY P. ZARANSKI, TREASURER** *Henry P. Zaranski* **2/27/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWELLS, MARGARET L.			1.2 NAME	JAMES O'DONNELL		
STREET ADDRESS	2460 S. FEDERAL HWY.			1.3 STREET ADDRESS	2460 S. FEDERAL HWY. #17		
CITY-ST-ZIP	BOYNTON BCH FL			1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	ASD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	IVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAKER, FLORENCE			2.2 NAME	RICHARD TACELLI		
STREET ADDRESS	2460 S. FEDERAL HWY.			2.3 STREET ADDRESS	2460 S. FEDERAL HWY. #20		
CITY-ST-ZIP	BOYNTON BCH FL			2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZARANSKI, HENRY P			3.2 NAME			
STREET ADDRESS	2460 S FEDERAL HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENCIVENGA, MARY			4.2 NAME	SAM CARCHIDI		
STREET ADDRESS	2460 S FEDERAL HWY			4.3 STREET ADDRESS	2460 S. FEDERAL HWY. #12A		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZARANSKI, MARIE A			5.2 NAME	THERESA CARCHIDI		
STREET ADDRESS	2460 S. FEDERAL HWY.			5.3 STREET ADDRESS	2460 S. FEDERAL HWY. #12A		
CITY-ST-ZIP	BOYNTON BEACH FL			5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **HENRY P. ZARANSKI, TREASURER** *Henry P. Zaranski* **2/27/97** **561-737-3162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)