

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

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**Mar 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 286125 (0)**

1. Corporation Name  
**2520 CORPORATION**



Principal Place of Business <b>2520 S. FEDERAL HWY. BOYNTON BCH. FL 33435-7735</b>	Mailing Address <b>2520 S. FEDERAL HWY. BOYNTON BCH. FL 33435-7780</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/16/1964</b>	3a. Date of Last Report <b>04/05/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2394054</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	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

**WALL, ANN  
2520 S FEDERAL #15  
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name <b>EUGENE CANDY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2520 S. FEDERAL HWY APT. 7</b>
83
84 City <b>BOYNTON BEACH FL</b>
85 Zip Code <b>33435</b>

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 Eugene R. Candy Pres. Eugene R. Candy, Pres.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	
NAME	<b>WALL, ANN</b>	
STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>V</b>	
NAME	<b>PERCELL, BRENDA</b>	
STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>S</b>	
NAME	<b>MANN, LORRIANE</b>	
STREET ADDRESS	<b>2520 SO FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>D</b>	
NAME	<b>THOMAS, ROBINA</b>	
STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>TD</b>	
NAME	<b>LUCEWICH, HELEN</b>	
STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>D</b>	
NAME	<b>SCHROER, JANE</b>	
STREET ADDRESS	<b>2520 SO FEDERAL HWY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>P</b>		
1.2 NAME	<b>CANDY, EUGENE</b>		
1.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
1.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		
2.1 TITLE	<b>V</b>		
2.2 NAME	<b>MARLOWE, HARRY</b>		
2.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		
3.1 TITLE	<b>S</b>		
3.2 NAME	<b>D'AGUILA, ANNE</b>		
3.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		
4.1 TITLE	<b>TD</b>		
4.2 NAME	<b>BLISS, LINWOOD</b>		
4.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		
5.1 TITLE	<b>ASS'T. S.</b>		
5.2 NAME	<b>WALL, ANN</b>		
5.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
5.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		
6.1 TITLE	<b>P</b>		
6.2 NAME	<b>Joseph Smith</b>		
6.3 STREET ADDRESS	<b>2520 S. FEDERAL HWY</b>		
6.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33435</b>		

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 Eugene R. Candy Eugene R. Candy

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CR2E034 (9/96)