

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **286993** (1)

1. Corporation Name
2552 CORPORATION



Principal Place of Business: **2552 S FEDERAL HWY #2 BOYNTON BCH FL 33435**
Mailing Address: **2552 S FEDERAL HWY #2 BOYNTON BCH FL 33435**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: **11/12/1964**
3a. Date of Last Report: **03/10/1995**
4. FEI Number: **59-1381350**
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

9. Name and Address of Current Registered Agent

**BUTKUS, STEPHEN A.
2552 S FEDERAL HWY #2
BOYNTON BCH FL 33435**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUTKUS, STEPHEN	
STREET ADDRESS	2552 S FEDERAL HWY #2	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, MARJORIE	
STREET ADDRESS	2552 S FEDERAL HWY #12A	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUTTER, VIRGINIA	
STREET ADDRESS	2552 S FEDERAL HWY #3	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JACKSON, ROBERT	
STREET ADDRESS	2552 S FEDERAL HWY #20	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LINDBLAD, RUTH	
STREET ADDRESS	2552 S FEDERAL HWY #14	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAVUZZA, BEN	
STREET ADDRESS	2552 S FEDERAL HWY #1	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Stephen A. Butkus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN A. BUTKUS

March 4, 1996 (407) 736-5395

CR2E034 (12/95)