

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **328175 (5)**
1. Corporation Name
FILCO, LTD.



Principal Place of Business
**990 NORTH HOMESTEAD BOULEVARD
HOMESTEAD FL 33030**

Mailing Address
**10775 CARIBBEAN BLVD.
ATTN: DENNY NEWMAN
MIAMI FL 33189**

3. Date Incorporated or Qualified
03/28/1968

3a. Date of Last Report
01/25/1995

4. FEI Number
59-1204655

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**LEEMON, P.A.
10775 CARIBBEAN BLVD.
MIAMI FL 33189**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

NAME **VD LEEMON, P. A.**

STREET ADDRESS **10557 CARIBBEAN BLVD.**

CITY-ST-ZIP **MIAM FL**

2. TITLE DELETE

NAME **PD LEEMON, CHARLES III**

STREET ADDRESS **17704 S. W. 83RD CT.**

CITY-ST-ZIP **MIAMI FL**

3. TITLE DELETE

NAME **STD LEEMON, LINDA L.**

STREET ADDRESS **17704 S W 83RD CT**

CITY-ST-ZIP **MIAMI FL**

4. TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda L. Leemon* **LINDA L. LEEMON** 1-17-96 305/253-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)