

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **352731** (4)

1. Corporation Name
ATTITUDE IMPROVERS INC.



Principal Place of Business: **9895 S W 80TH DRIVE MIAMI FL 33173**
Mailing Address: **9895 S W 80TH DRIVE MIAMI FL 33173**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 09/23/1969	3a. Date of Last Report 03/20/1995
4. FEI Number 59-1272225	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COONLEY, ORVILLE L
9895 SW 80TH DR.
MIAMI FL 33173**

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: _____ (NOTE: Registered Agent signature is required if registered agent is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P COONLEY, ORVILLE L	12. NAME	
STREET ADDRESS	9895 SW 80TH DR. MIAMI FL	13. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	14. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD PRATT, F JOSEPH	22. NAME	
STREET ADDRESS	12435 SW 31 ST. MIAMI FL	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S COONLEY, VIRGINIA A	32. NAME	
STREET ADDRESS	9895 SW 80TH DR. MIAMI FL	33. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COONLEY, VIRGINIA A	42. NAME	
STREET ADDRESS	9895 SW 80TH DR. MIAMI FL	43. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Orville L. Coonley* **ORVILLE L. COONLEY** **Apr 8, 96 305 595 5878**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)