

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 # 419332

(2)

1. Corporation Name

627 ELDRON DRIVE INC

Principal Place of Business

627 ELDRON DRIVE  
MIAMI SPRINGS FL 33166

Mailing Address

627 ELDRON DRIVE  
MIAMI SPRINGS FL 33166



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/20/1973

3a. Date of Last Report

06/27/1995

4. FET Number

NOT APPLICABLE

Applied For

Not Applicable

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

CARLSON, ALEX E  
145 CURTISS PKWY  
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 of person or registered agent authorized to file this statement (Typed name of registered agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

P  
NAME: JAMES, JULIE C  
STREET ADDRESS: 2365 F. KINNAMON DR.  
CITY-ST-ZIP: WINSTON-SALEM NC 27103

S  
NAME: CARLSON, ALEX E  
STREET ADDRESS: 7725 SW 78TH ST.  
CITY-ST-ZIP: MIAMI FL

T  
NAME: JAMES, CHARLES C  
STREET ADDRESS: 751 MORNINGSIDE ST.  
CITY-ST-ZIP: MIAMI SPRINGS FL

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

100001733301  
-03/05/96--01130--003  
\*\*\*200.00

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 supplement to 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 changing or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIV

Display Phone

CR2E034 (12/95)