

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 # **564488** (5)

1. Corporation Name
FEHLHABER CORPORATION



Principal Place of Business: **2020 W MCNAB ROAD FT LAUDERDALE FL 33309**
Mailing Address: **2020 W MCNAB ROAD FT LAUDERDALE FL 33309**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/15/1977	3a. Date of Last Report 03/28/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-1493240	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 FEHLHABER, ROBERT F 2020 W MCNAB ROAD FT LAUDERDALE FL 33309	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 officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PST FEHLHABER, ROBERT F	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 2020 W. MCNAB ROAD FT LAUDERDALE, FL 0		13.2 NAME	
12.3 CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13.3 STREET ADDRESS	
12.4 NAME: FEHLHABER, ROBERT F.		13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 2020 W. MCNAB ROAD FT LAUDERDALE, FL 0		13.5 NAME	
12.6 CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13.6 STREET ADDRESS	
12.7 NAME: EATON, LILA A.		13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: 2020 W. MCNAB ROAD FT. LAUDERDALE FL		13.8 NAME	
12.9 CITY, ST, ZIP: VD	<input type="checkbox"/> DELETE	13.9 STREET ADDRESS	
12.10 NAME: FEHLHABER, JULIANA		13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: 2020 W MCNAB ROAD FT LAUDERDALE FL		13.11 NAME	
12.12 CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13.12 STREET ADDRESS	
12.13 NAME: COSTELLO, THOMAS M		13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: 1300 N FEDERAL HIGHWAY BOCA RATON FL 33432		13.14 NAME	
12.15 CITY, ST, ZIP: VP	<input checked="" type="checkbox"/> DELETE	13.15 STREET ADDRESS	
12.16 NAME: FLAVELL, PHILIP A.		13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: 2020 WEST MCNAB RD FT. LAUDERDALE FL		13.17 NAME	
12.18 CITY, ST, ZIP: VP		13.18 STREET ADDRESS	
12.19 NAME: FLAVELL, PHILIP A.		13.19 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS: 2020 WEST MCNAB RD FT. LAUDERDALE FL		13.20 NAME	
12.21 CITY, ST, ZIP: VP		13.21 STREET ADDRESS	
12.22 NAME: FLAVELL, PHILIP A.		13.22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS: 2020 WEST MCNAB RD FT. LAUDERDALE FL		13.23 NAME	
12.24 CITY, ST, ZIP: VP		13.24 STREET ADDRESS	

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: *Juliana Fehlhaber (VP)* **Juliana Fehlhaber (VP)** 2/8/96 305 971-3821

CR2E034 (12/95)