

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 01 1996 8:00 am
 Secretary of State

DOCUMENT # 587590 (1)
 1. Corporation Name
LUDWIG FRAMEMAKERS, INC.



Principal Place of Business: **1299 S. DIXIE HWY. DEERFIELD BEACH FL 33441**
 Mailing Address: **1299 S. DIXIE HWY. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified: **09/19/1978**
 3a. Date of Last Report: **02/28/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-1850299	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUDWIG, ALAN M. 1299 S. DIXIE HWY. DEERFIELD BEACH FL 33441		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: _____ DATE: _____
Signature typed or printed name of registered agent and line if applicable. (NOTE - Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, LINDA C.	12. NAME	
STREET ADDRESS	4201 N.W. 5TH AVENUE	13. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	14. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, EDWARD J., III	22. NAME	
STREET ADDRESS	PARAMOS, NJ	23. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	24. CITY - ST - ZIP	
TITLE	PST <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, ALAN M.	32. NAME	
STREET ADDRESS	4201 NW 5TH AVE.	33. STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	34. CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, EDWARD J.	42. NAME	
STREET ADDRESS	907 SE 14TH ST.	43. STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. 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	61. 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan M Ludwig* **ALAN M. LUDWIG PRES 4/25/96 305-461-4944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)