

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

93 JUN 19 PM 12:16

DOCUMENT # 599099 (9)

1. Corporation Name
RANDY ENTERPRISES, INC.

Principal Place of Business Mailing Address
2950 NW COMMERCE PK DR UNIT 18 BOYNTON BEACH FL 33426 US **2950 NW COMMERCE PARK DRIVE UNIT 18 BOYNTON BEACH FL 33426 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/04/1979	04/29/1994
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1869929	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
2. Principal Place of Business		2a. Mailing Address		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILSON JR., THOMAS H. 3335 NW 69TH CT FT. LAUDERDALE FL 33309				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, THOMAS	12 NAME	
STREET ADDRESS	3335 NW 69TH CT	13 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	14 CITY - ST - ZIP	
TITLE	VPAT	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, BRENDA L	22 NAME	VP, AT, S
STREET ADDRESS	755 SUN TOP LANE	23 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	24 CITY - ST - ZIP	
TITLE	PT	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, WILLIAM J	32 NAME	
STREET ADDRESS	11 NEWCASTLE DR	33 STREET ADDRESS	
CITY - ST - ZIP	NASHUA, NH 00000	34 CITY - ST - ZIP	
TITLE	S	4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREY, PATRICIA	42 NAME	No Longer with corporation
STREET ADDRESS	3537 LAKEVIEW BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	44 CITY - ST - ZIP	
TITLE		5. 1 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		6. 1 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 110.07(3)(b), 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: William Holm William Holm 6-13-95 407-533-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)