

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:52

DOCUMENT # **728478** (9)

1. Corporation Name

1690 HOLDING CORPORATION, INC.

Principal Place of Business

Mailing Address

1640 ALICE AVE.
WEST PALM BCH FL 33406
US

1640 ALICE AVENUE
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/26/1973** 3a. Date of Last Report **01/21/1994**

4. FEI Number **23-7354121** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~REXROTH, MEL~~
~~404 JEANNINE ROAD~~
~~WEST PALM BEACH FL 33406~~

81 Name **Dave Murdie**
82 Street Address (P.O. Box Number is Not Acceptable) **212 Springdale Cir**
83
84 City **Palm Springs** FL 85 Zip Code **33461**

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 *David Paul Murdie* **David Paul Murdie** **2-21-95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	REXROTH, MEL	404 JEANNINE RD	W PALM BCH, FL 00000
VPO	MURDIE, DAVE	212 SPRINGDALE CIR	PALM SPRINGS FL
STD	OLSON, PAUL	3132 SW COLLINGS RD	PORT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Murdie, Dave	212 Springdale Cir	Palm Springs, FL 33461	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPO	Sue Autorino	P.O. Box 17231	West Palm Beach, FL 33416	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	Olson, Paul	3132 SW Collings Rd	Port St. Lucie, FL 334953	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Paul Murdie* **David Paul Murdie** **2-21-95** **407-692-1984**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

(Telephone Number)