

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728478 (9)
1. Corporation Name
1690 HOLDING CORPORATION, INC.



Principal Place of Business
**1840 ALICE AVE.
WEST PALM BCH FL 33406
US**

Mailing Address
**1840 ALICE AVENUE
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified **12/26/1973** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7354121		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc		Suite, Apt. #, etc		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24		25	30
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURDIE, DAVE
212 SPRINGDALE CIR
PALM SPRINGS FL 33461**

81	Name	Dean Murdie	
82	Street Address (P.O. Box Number is Not Acceptable)	4361 123rd Terrace No.	
83			
84	City	Royal Palm Beach	85 Zip Code FL 33411

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Dean D. Murdie* DATE: _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDIE, DAVE	1.2 NAME	Dean Murdie
STREET ADDRESS	212 SPRINGDALE CIR	1.3 STREET ADDRESS	4361 123rd Terrace No.
CITY - ST - ZIP	PALM SPRINGS FL	1.4 CITY - ST - ZIP	Royal Palm Beach, FL 33411
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTORINO, SUE	2.2 NAME	Brenda Fee
STREET ADDRESS	PO BOX 17231 N/A	2.3 STREET ADDRESS	3104 Carol Avenue
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	Lake Worth, FL 33461
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, PAUL	3.2 NAME	
STREET ADDRESS	3132 SW COLLINGS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: *Sandra B. Mortham* 1/16/96 407-967-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date, Time Phone #

CR2E037 (12/95)