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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33406-6602

3. Date Incorporated or Qualified: 12/26/1973  
3a. Date of Last Report: 01/25/1996  
4. FEI Number: 23-7354121  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
MURDIE, DEAN  
4361 123RD TERRACE NORTH  
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:

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: 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: PD  
NAME: MURDIE, DEAN  
STREET ADDRESS: 4361 123RD TERRACE NORTH  
CITY-ST-ZIP: ROYAL PALM BEACH FL  
[ ] DELETE  
TITLE: VPD  
NAME: FEE, BRENDA  
STREET ADDRESS: 3104 CAROL AVENUE  
CITY-ST-ZIP: LAKE WORTH FL  
[X] DELETE  
TITLE: STD  
NAME: OLSON, PAUL  
STREET ADDRESS: 3132 SW COLLINGS RD  
CITY-ST-ZIP: PORT ST LUCIE FL  
[X] DELETE  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE: VPD [X] Change [ ] Addition  
NAME: Richard Baisley  
2.2 NAME:  
2.3 STREET ADDRESS: 2679 Acklins Road  
2.4 CITY-ST-ZIP: West Palm Beach, FL 33406  
3.1 TITLE: STD [X] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS: Starr Doney  
3.4 CITY-ST-ZIP: 4811 Dorchester Mews  
4.1 TITLE: West Palm Beach, FL 33411 [X] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X *Dean O. Murdie* Dean. O. Murdie 1/26/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040259

CR2E037 (9/96)