

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F09055 (7)
1. Corporation Name
HAPPY DAZE UNLIMITED, IV, INC.



Principal Place of Business
1 GROVE ISLE DR
STE 1005 PH10
COCONUT GROVE FL 33133
US

Mailing Address
1 GROVE ISLE DR
STE 1005 PH10
COCONUT GROVE FL 33133-4107
US

3. Date Incorporated or Qualified 12/12/1980
3a. Date of Last Report 04/19/1996

2. Principal Place of Business
21 1 GROVE ISLE DR
Suite, Apt. #, etc. PH10
22 City & State COCONUT GROVE FL
Zip 33133 Country

2a. Mailing Address
26 1 GROVE ISLE DR
Suite, Apt. #, etc. STE PH10
27 City & State COCONUT GROVE FL
Zip 33133 Country

4. FEI Number 59-3254132 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
ALMAS, IVAN
1 GROVE ISLE DR
STE 1005 PH10
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALMAS, IVAN	
STREET ADDRESS	1 GROVE ISLE DR	
CITY - ST - ZIP	COCONUT GROVE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALMAS, RICK	N/A
STREET ADDRESS	P.O. BOX 797	
CITY - ST - ZIP	BRECKINRIDGE CO	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALMAS, RICH	
STREET ADDRESS	9359 HWY #9	
CITY - ST - ZIP	BRECKENRIDGE CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALMAS, IVAN	
1.3 STREET ADDRESS	1 GROVE ISLE DR PH10	
1.4 CITY - ST - ZIP	COCONUT GROVE FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/19/97 305 6671728

CR2E034 (9/96)