

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F23444** (5)

1. Corporation Name

FDP CORP.

Principal Place of Business

**2140 S. DIXIE HIGHWAY
MIAMI FL 33133**

Mailing Address

**2140 S. DIXIE HIGHWAY
MIAMI FL 33133**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2138243

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

**GOLDBERG, MICHAEL C.
8555 PONCE DE LEON ROAD
MIAMI FL 33143**

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

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 ☐ DELETE

NAME **CBC**
STREET ADDRESS **GOLDBERG, MICHAEL C.**
CITY-STATE-ZIP **8555 PONCE DE LEON ROAD**
MIAMI, FL 0

TITLE ☐ DELETE

NAME **VP**
STREET ADDRESS **MURO, KATHLEEN**
CITY-STATE-ZIP **407 SE 7 ST.**
DANIA FL

TITLE ☐ DELETE

NAME **STD**
STREET ADDRESS **GOLDBERG, CINDY**
CITY-STATE-ZIP **8555 PONCE DE LEON ROAD**
MIAMI FL

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **STROUD, CHRISTINE**
CITY-STATE-ZIP **7420 SW 162ND ST**
MIAMI FL

TITLE ☐ DELETE

NAME **EVD**
STREET ADDRESS **KENNEDY, DOUGLAS**
CITY-STATE-ZIP **12940 CORONADO TERR.**
N MIAMI FL

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **FLEISCHMAN, RICHARD**
CITY-STATE-ZIP **17 INDIAN RIDGE RD**
S NATICK MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **V**
1.3 STREET ADDRESS **PICK, EDWARD**
1.4 CITY-STATE-ZIP **2417 N. GREENWAY DR.**
CORAL GABLES, FL 33134

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V**
2.3 STREET ADDRESS **PRICE, BEVERLY**
2.4 CITY-STATE-ZIP **5600 SW 95 ST.**
MIAMI, FL 33156

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **ALVAREZ, CESAR**
3.4 CITY-STATE-ZIP **1221 BRICKELL AVE, 22ND FLOOR**
MIAMI, FL 33131

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
4.3 STREET ADDRESS **NIERENBERG, BRUCE**
4.4 CITY-STATE-ZIP **774 GLENGARRY DR.**
MELBOURNE, FL 32940

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
5.3 STREET ADDRESS **SCHIFF, ALBERT J.**
5.4 CITY-STATE-ZIP **263 TRESSER BLVD, 10TH FLOOR**
STAMFORD, CT 06901

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (12/95)