

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 06 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 # 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1981		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2138243		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V PICK, EDWARD	1.1 TITLE	CBD
NAME	2417 N. GREENWAY DR.	1.2 NAME	GOLDBERG, MICHAEL C
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	8555 PONCE DE LEON RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V PRICE, BEVERLY	2.1 TITLE	V
NAME	5800 SW 95 ST.	2.2 NAME	MURO, KATHLEEN
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	407 SE 7 ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DANIA, FL 33004
TITLE	D ALVAREZ, CESAR	3.1 TITLE	STD
NAME	1221 BRICKWELL AVE, 22ND FLOOR	3.2 NAME	GOLDBERG, CINDY
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	8555 PONCE DE LEON RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D NIRENBERG, BRUCE	4.1 TITLE	V
NAME	774 GLENGARRY DR.	4.2 NAME	STROUD, CHRISTINE
STREET ADDRESS	MELBOURNE FL	4.3 STREET ADDRESS	7420 SW 162 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D SCHIFF, ALBERT J.	5.1 TITLE	EVD
NAME	283 TRESSER BLVD, 10TH FLOOR	5.2 NAME	KENNEDY, DOUGLAS
STREET ADDRESS	STAMFORD CT	5.3 STREET ADDRESS	12940 CORONADO TERR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	V FLEISCHMAN, RICHARD	6.1 TITLE	
NAME	17 INDIAN RIDGE RD	6.2 NAME	
STREET ADDRESS	S NATICK MA	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____

CR2E034 (4/97)