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FLORIDA PROFIT CORPORATION ANNUAL REPORT 1996

DIVISION OF CORPORATIONS

F35147

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 25 AM 9:40

DOCUMENT # F35147

1. Corporation Name
CONNIE EDWARDS LTD
1750 W 39th PL
HIALEAH, FLORIDA 33012

Principal Place of Business / Mailing Address
1750 W. 39th Pl
HIALEA Florida, 33012

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1750 W 39th Pl	26 1750 W 39th Pl	5-18-81	6-95
Suite Apt. # etc. 22 1001	Suite Apt. # etc. 27 1001	4. FEI Number 59-2114065	Applied For / Not Applicable
City & State 23 HIALEAH	City & State 28 HIALEAH	5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
Zip 24 33012 Country 25 USA	Zip 29 33012 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent

I & V DARROW
1750 W 39th PL
HIALEAH, FL
33012

10. Name and Address of New Registered Agent

81 Name IRVING DARROW
82 Street Address (P.O. Box Number is Not Acceptable) 1750 W 39th PL # 1001
83
84 City HIALEAH FL 85 Zip Code 33012

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 I & V Darrow DATE 3-14-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE: EDWARDS, Connie, 2286 DUNDEE TER, MIAMI LAKES, FL 33016, President	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

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3/25/96 dcj

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and accurate; is filed in accordance with Florida Statutes; 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] Connie Edwards / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title