

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003009 (7)**

1. Corporation Name

FORTY THIRD AVENUE PROPERTIES, INC.



Principal Place of Business

PO BOX 161028
ALTAMONTE SPRINGS FL 32716

Mailing Address

PO BOX 161028 - 7102 N. 43RD Ave
ALTAMONTE SPRINGS FL 32716
Glendale, Az
85301

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/08/1994	05/01/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		86-0670777	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25		29		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		30		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SPUDIS, ERLENE 705 LIGHTHOUSE COURT ALTAMONTE SPRINGS FL 32714				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 date (Applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUER, SUSAN	1.2 NAME	
STREET ADDRESS	7102 NO. 43RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDAL AZ 85301	1.4 CITY-ST-ZIP	
TITLE	VVC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBY, MICHAEL J	2.2 NAME	
STREET ADDRESS	670 SANDY NECK LANE #103	2.3 STREET ADDRESS	7102 N. 43 RD Ave
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Glendale, Az 85301
TITLE	TDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBY, HOWARD	3.2 NAME	
STREET ADDRESS	7102 NO. 43RD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDAL AZ 85301	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LINDA	4.2 NAME	
STREET ADDRESS	670 SANDYNECK LANE #103	4.3 STREET ADDRESS	7102 N. 43 RD Ave
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Glendale, Az 85301
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPUDIS, ERLENE	5.2 NAME	
STREET ADDRESS	705 LIGHTHOUSE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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

Daytime Phone

CR2E034 (12/95)