

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000003333 (0)
1. Corporation Name

SANTA CRUZ, INC.



Principal Place of Business: **832 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442**
Mailing Address: **832 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report
4. FEI Number APPLIED FOR 52-1934084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24	25
Country	Zip
25	29
Country	30

9. Name and Address of Current Registered Agent BLODIG, GREGORY J 1630 NORTH FEDERAL HIGHWAY FOT LAUDERDALE FL 33305	10. Name and Address of New Registered Agent
	81 Name Michael D. Goldberg
	82 Street Address (P.O. Box Number is Not Acceptable) 832 S. Military Trail
	83
	84 City Deerfield Beach FL 85 Zip Code 33442

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 agent 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: *Michael D. Goldberg, VP, S* 7/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN, SCOTT	1.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN, STEPHEN	2.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZWATER, JUDITH	3.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPPE, GEORGE	4.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTEN, HERMAN	5.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	5.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, MICHAEL D	6.2 NAME	
STREET ADDRESS	832 SOUTH MILITARY TRAIL	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	6.4 CITY - ST - ZIP	

300001889643
-07/10/96--01042--019
***225.00

7-10-96

14. I do hereby certify that the information supplied within 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael D. Goldberg, VP, S* 7/5/96 (954)422-1883

CR2E034 (3/96)