

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 # G19349 (1)

1. Corporation Name
AARDVARK ENTERPRISES OF THE PALM BEACHES, INC.



Principal Place of Business: 10967 NORTH MILITARY TRAIL, PALM BEACH GARDENS FL 33410 US
Mailing Address: 10967 NORTH MILITARY TRAIL, PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 01/19/1983
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2248276
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

9. Name and Address of Current Registered Agent

LEVINE, JAY STEVEN, ESQ.
824 U.S. HWY. ONE, SUITE 310
NORTH PALM BEACH FL 33408

THIS WAS FILLED OUT IN ERROR

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *W. R. Prentice* PRESIDENT *W. R. PRENTICE* 04/24/96
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRENTICE, WILLIAM R.	
STREET ADDRESS	702 WARREN DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRENTICE, MARY D.	
STREET ADDRESS	702 WARREN DRIVE	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRENTICE, JODY L.	
STREET ADDRESS	830A JOHANNE PLACE	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRENTICE, W MICHAEL	
STREET ADDRESS	1975 ROCKDALE CIRCLE	
CITY-ST-ZIP	SNELLVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *W. R. Prentice* PRESIDENT *W. R. PRENTICE* 04/24/96 407-626-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)