

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G39667** (2)
1. Corporation Name
AMIDEO & ASSOCIATES, INC.



Principal Place of Business: % EDMUND AMIDEO, 787 SOUTH SHORE DRIVE, MIAMI BEACH FL 33141
Mailing Address: % EDMUND AMIDEO, 787 SOUTH SHORE DRIVE, MIAMI BEACH FL 33141

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1983	3a. Date of Last Report 04/11/1995
21	Subj. Apt. #, etc.	26	Scale, Apt. #, etc.	4. FEI Number 59-2295506	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	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMIDEO, EDMUND 787 SOUTH SHORE DRIVE MIAMI BEACH FL 33141				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO AMIDEO, EDMUND 787 SOUTH SHORE DRIVE MIAMI BEACH FL	<input type="checkbox"/> DELETE	
NAME	STD AMIDEO, MIREYA 787 SOUTH SHORE DRIVE MIAMI BEACH FL	<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY, ST, ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY, ST, ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY, ST, ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY, ST, ZIP		<input type="checkbox"/> DELETE	

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: *Edmund Amideo* 2/12/96 8651497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)