

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

FILED
Jul 26 1996 8:00 am
Secretary of State

DOCUMENT # **G74643** (9)
 Corporation Name
BUDD MAYER COMPANIES OF FLORIDA, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
3444 MEMORIAL HWY TAMPA FL 33607 US		% ROBERT. ERGER. B 3444 MEMORIAL HWY TAMPA FL 33607 US		10/28/1983	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-2353050	Not Applicable		
Suite, Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	28	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ERGER, ROBERT B 3444 MEMORIAL HWY TAMPA FL 33607				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 of officer, director, or registered agent, and title if applicable) (NOTE: Registered Agent signature required when necessary) Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ERGER, ROBERT 3444 MEMORIAL HWY TAMPA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MAYER, BUDD 2930 BISCAYNE BLVD MIAMI, FL 00000	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DP FEJLER, BARTON C 2930 BISCAYNE BLVD MIAMI, FL 00000	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DV SUNDERLAND, C. M 3444 MEMORIAL HWY TAMPA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV CHADWICK, JERROLD C 610 LOMAX ST JACKSONVILLE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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: *Robert B. Erger* *Lucy* 7/22/96 813) 282-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ROBERT B. ERGER

CR2E034 (3/96)