

FILED



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

May 01 1997 8:00am  
Secretary of State

1. Corporation Name  
**HAVEDAN, INC.**

Principal Place of Business  
% ALAN EINGOLD  
21322 ST. ANDREWS BLVD.  
BOCA RATON FL 33433

Mailing Address  
% ALAN EINGOLD  
21322 ST. ANDREWS BLVD.  
BOCA RATON FL 33433-2432



21	2. Principal Place of Business	20
21	60 GARDEN CLEANERS	26
22	Suite, Apt #, etc.	
22	1810 NE MIAMI GARDENS	
23	City & State	
23	NORTH MIAMI BEACH, FL	28

2a. Mailing Address

26 Suite, Apt. #, etc.

24	Zip 33179	25	Country V6A
----	--------------	----	----------------

Zip	Country
29	30

3. Date Incorporated or Qualified <b>05/31/1984</b>		3a. Date of Last Report <b>12/17/1996</b>	
4. FEI Number <b>59-2440494</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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**

EINGOLD, ALAN  
21322 ST. ANDREWS BLVD.  
BOCA RATON FL 33433

**10. Name and Address of New Registered Agent**

81	Name	HARVEY DAVIS
82	Street Address (P.O. Box Number is Not Acceptable)	1810 NE MIAMI GARDENS DRIVE
83		
84	City	NORTH MIAMI BEACH FL
85	Zip Code	331

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 X Harvey Davis H ARVEY DAVIS 9 2 97  
(Signature must be printed name of registered agent and title registrable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input checked="" type="checkbox"/> DELETE
NAME	ENGOLD, ALAN	
STREET ADDRESS	10047 CHARLESTON PL	
CITY - ST - ZIP	COOPER CITY FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
CURRENT ADDRESS	
CITY, ST, ZIP	

NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		

NAME		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

OFF: 5120	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U.S. - S. - F.P.	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

<b>13.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>
------------	--

1.1 TITLE	P/sec-treas	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	HARVEY DAVIS		
1.3 STREET ADDRESS	1810 NW Miami Gardens Drive		
1.4 CITY-ST-ZIP	North Miami Beach, FL 33179		

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	

4.0 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			

54 CITY-STATE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an attachment with an address.

SIGNATURE: Harvey Davis HARVEY DAVIS 4/21/97 947653

CH2E034 (9/96)