

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J49760 (8)**

1. Corporation Name
TODD, INC.



Principal Place of Business: **3640 N. OCEAN DRIVE PH-D SINGER ISLAND FL 33404 US**
Mailing Address: **% MURRY FOX CPA 350 CELESTIAL WAY JKUNO BEACH FL 33408**

3. Date Incorporated or Qualified: **12/31/1986**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **1780 N. CONGRESS AVE # 210 WEST PALM BEACH FL 33409 PALM BEACH**
2a. Mailing Address: **1780 N. CONGRESS AVE # 210 WEST PALM BEACH FL 33409 PALM BEACH**

4. FEI Number: **59-2770270**
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:
FOX, DIANNE L. 350 CELESTIAL WAY JUNO BEACH FL 33408

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL**
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CP	<input type="checkbox"/>
NAME	DOESBURG, TODD H.	
STREET ADDRESS	3640 N OCEAN DR PH-D	
CITY - ST - ZIP	SINGER ISLD FL	
TITLE	S	<input type="checkbox"/>
NAME	DOESBURG, SUE L.	
STREET ADDRESS	1981 HOLMAN DR.	
CITY - ST - ZIP	JUNO BCH. FL	
TITLE	T	<input type="checkbox"/>
NAME	NEWMAN, JANET	
STREET ADDRESS	1090 FAIRVIEW LANE	
CITY - ST - ZIP	SINGER ISLAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Todd H. Doesburg* Date: **4-24-96** Daytime Phone: **407-689-0003**

CR2E034 (12/95)