

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K58231 (7)
1. Corporation Name
AN-DY-ER, INC.



Principal Place of Business Mailing Address
**2297 S. GLENCOE RD
NEW SMYRNA BCH. FL 32168
US** **2297 S. GLENCOE RD
NEW SMYRNA BCH FL 32168
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1989		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-2925650		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

**DYER, ANDREW B.
2297 S GLENCOE ROAD
NEW SMYRNA BEACH FL 32069**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, ANDREW B.	1.2 NAME	
STREET ADDRESS	2297 S. GLENCOE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, TIMOTHY W.	2.2 NAME	
STREET ADDRESS	2308 ROYAL PALM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	3.1 TITLE	ASST. SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, BURT I.	3.2 NAME	BAUER, BURT I.
STREET ADDRESS	2705 SABAL PALM DRIVE	3.3 STREET ADDRESS	2705 SABAL PALM DRIVE
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JOAN M.	4.2 NAME	DYER, JOAN M.
STREET ADDRESS	2297 S. GLENCOE ROAD	4.3 STREET ADDRESS	2297 S. GLENCOE RD
CITY-ST-ZIP	NEW SMYRNA BCH FL	4.4 CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Andrew B. Dyer* **ANDREW B. DYER** 1-23-96 901-428-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)