

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 # K92916 (1)
1. Corporation Name
O'DWYER COMPANY



Principal Place of Business: **3114 45TH ST., STE. 5 WEST PALM BEACH FL 33407**
Mailing Address: **3114 45TH ST., STE. 5 WEST PALM BEACH FL 33407**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1989		3a. Date of Last Report 06/20/1995	
21	22	26	27	4. FEI Number 65-0136935		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	24	28	29	Zip		Country	
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DWYER, JOSEPH M
375 FAIRWAY CIRCLE
FT. LAUDERDALE FL 33326**

81 Name **DANIEL DWYER**
82 Street Address (P.O. Box Number is Not Acceptable)
3114 45th STREET #5
83
84 City **WEST PALM BEACH, FL** 85 Zip Code **33407**

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 **DANIEL DWYER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
Daniel Dwyer PRES. 2-27-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER, DANIEL	1.2 NAME	SANDRA HEMPELMANN
STREET ADDRESS	3114 45TH ST. UNIT 5	1.3 STREET ADDRESS	3114 45th STREET UNIT 5
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, JOSEPH M	2.2 NAME	
STREET ADDRESS	375 FAIRWAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, AUDREY	3.2 NAME	
STREET ADDRESS	3114-45TH ST UNIT 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, COLLEEN	4.2 NAME	
STREET ADDRESS	3114-45TH ST UNIT 5	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAMPI, EILEEN	5.2 NAME	
STREET ADDRESS	3114-45TH ST UNIT 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, ROBERT	6.2 NAME	
STREET ADDRESS	3114-45TH ST UNIT 5	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	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: **DANIEL DWYER** *Daniel Dwyer* PRES. 2-27-96 (407) 684-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)