

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K94973 (0)**  
1. Corporation Name  
**SOUTHWARD ACQUISITION CORPORATION**



Principal Place of Business: **1321 PARTRIDGE PLACE N. BOYNTON BEACH FL 33436**  
Mailing Address: **1321 PARTRIDGE PLACE N. BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified: **06/09/1989**  
3a. Date of Last Report: **06/12/1995**  
4. FEI Number: **49-4300424**  
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

2. Principal Place of Business  
21. **2900 High Ridge Road**  
22. **Boynton Beach, FL**  
23. **33436**  
24. **U.S.A.**  
25. **U.S.A.**  
26. **2900 High Ridge Road**  
27. **Boynton Beach, FL**  
28. **33436**  
29. **U.S.A.**  
30. **U.S.A.**

9. Name and Address of Current Registered Agent  
**FENDER, T., D.  
1321 PARTRIDGE PLACE N  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent  
81. Name: **Fender, T.D.**  
82. Street Address (P.O. Box Number is Not Acceptable): **2900 High Ridge Road**  
83. City: **Boynton Beach**  
84. State: **FL**  
85. Zip Code: **33436**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FENDER, T.D.</b>	
STREET ADDRESS	<b>1321 PARTRIDGE PLACE N.</b>	
CITY- ST- ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FENDER, KIM E</b>	
STREET ADDRESS	<b>1321 PARTRIDGE PL N</b>	
CITY- ST- ZIP	<b>BOYNTON BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Fender, T.D.</b>	
13 STREET ADDRESS	<b>2900 High Ridge Road</b>	
14 CITY- ST- ZIP	<b>Boynton Beach, FL 33436</b>	
21 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Fender, Kim E.</b>	
23 STREET ADDRESS	<b>2900 High Ridge Road</b>	
24 CITY- ST- ZIP	<b>Boynton Beach, FL 33436</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 in an attachment with an address.

SIGNATURE: *T.D. Fender*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

CR2E034 (12/95)