


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K97715 (2) 1. Corporation Name FLORIDA CIDA, INC.			
Principal Place of Business 5804 TIMBER VALLEY DR. LAKE WORTH FL 33463 US		Mailing Address PO BOX 6189 LAKE WORTH FL 33466-6189	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/23/1989		3a. Date of Last Report 08/05/1996	
4. FEI Number 65-0132976		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RAUCH, NORMAN 3450 S. OCEAN BLVD. #522 PALM BCH. FL 33480		10. Name and Address of New Registered Agent 81 Name RAUCH, HARRY 82 Street Address (P.O. Box Number is Not Acceptable) 5904 TIMBER VALLEY DRIVE 83 84 City LAKE NORTH FL 85 Zip Code 33463	
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 HARRY RAUCH DPS DATE 4-23-97 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 changed, or on an attachment with an address. SIGNATURE: HARRY RAUCH DATE 4-23-97 561 9660419 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			

CR2E034 (9/96)