

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 # **L20819** (3)

1. Corporation Name
GARVIN HOLDINGS, INC.



Principal Place of Business: **2600 N.E. 37TH DRIVE FT. LAUDERDALE FL 33308**
Mailing Address: **2600 N.E. 37TH DRIVE FT. LAUDERDALE FL 33308**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 10/05/1989	3a. Date of Last Report 02/16/1995
4. FEI Number 65-0149143	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				10. Name and Address of New Registered Agent			
GLENN GARVIN 2600 NE 37TH DRIVE FT. LAUDERDALE FL 33308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARVIN, GLENN			12. NAME			
STREET ADDRESS	2600 NE 37TH DR.			13. STREET ADDRESS			
CITY- ST- ZIP	FT. LAUDERDALE FL			14. CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARVIN, DIANNE			22. NAME			
STREET ADDRESS	2600 NE 37TH DR.			23. STREET ADDRESS			
CITY- ST- ZIP	FT. LAUDERDALE FL			24. CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARVIN, CHRISTOPHER			32. NAME			
STREET ADDRESS	2600 NE 37TH DR.			33. STREET ADDRESS			
CITY- ST- ZIP	FT. LAUDERDALE FL			34. CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARVIN, SONALI			42. NAME			
STREET ADDRESS	2600 NE 37TH DR.			43. STREET ADDRESS			
CITY- ST- ZIP	FT. LAUDERDALE FL			44. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY- ST- ZIP				54. CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY- ST- ZIP				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)(c), 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: *Glenn Garvin* **GLENN GARVIN** 3/27/96 305-468-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Office Phone #)

CR2E034 (12/95)