

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 # **P92000003766 (2)**

1. Corporation Name
TOUCAN'S PLACE, INC.



Principal Place of Business: **200 S HARBOR CITY BLVD STE - 501 MELBOURNE FL 32901 US**
Mailing Address: **200 S HARBOR CITY BLVD STE - 501 MELBOURNE FL 32901 US**

3. Date Incorporated or Qualified: **11/05/1992**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-3148648**
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 25 5th Avenue**
2a. Mailing Address: **26 25 5th Avenue**
22. City & State: **23 INDIANLAND, FL**
24. Zip: **32903** Country: **25 BREVARD**
27. City & State: **28 INDIANLAND, FL**
29. Zip: **32903** Country: **30 BREVARD**

g. Name and Address of Current Registered Agent: **FRESE, GARY B 930 S HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901**
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 FL**

I, 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 officer 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	WHITMER, FRED W	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 S HARBOR CITY BLVD #501 MELBOURNE FL 32901		1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: D	PARKER, RICHARD	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 200 S HARBOR CITY BLVD #501 MELBOURNE FL 32901		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		2.2 NAME:	
TITLE: D	JACOBS, JOHN W	2.3 STREET ADDRESS:	
STREET ADDRESS: 200 S HARBOR CITY BLVD #501 MELBOURNE FL 32901		2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	GILBREATH, W. M	3.2 NAME:	
STREET ADDRESS: 200 S HARBOR CITY BLVD #501 MELBOURNE FL 32901		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: D	ALEXANDER, JIMMIE M	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 S HARBOR CITY BLVD #501 MELBOURNE FL 32901		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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SEC/MES
JOAN PARKER
417 MAGNOLIA
MELBOURNE BEACH, FL 32951

5/11/96

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 addition with an address.

SIGNATURE: _____ DATE: **6/6/96** **407-676-0030**

CR2E034 (12/95)