

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000087507 (8)**

1. Corporation Name
E.A.D. OF FLORIDA, INC.



Principal Place of Business: **3161 BAYOU SOUND DR LONGBOAT KEY FL 34228 1392 TANQUIER WAY SARASOTA, FL 34239**
Mailing Address: **3161 BAYOU SOUND DR LONGBOAT KEY FL 34228 1392 TANQUIER WAY SARASOTA, FL 34239**

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

3. Date Incorporated or Qualified: **12/15/1993**
3a. Date of Last Report: **04/11/1995**
4. FID Number: **65-0453720**
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
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **NACE, ELIZABETH A 3161 BAYOU SOUND DR LONGBOAT KEY FL 34228 1392 TANQUIER WAY SARASOTA, FL 34239**
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL 85**

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2)(b), Florida Statutes, I, the above named corporation, submit 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 607.01(2)(b), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS: DELETE
D NACE, ELIZABETH A 3161 BAYOU SOUND DR 1392 TANQUIER WAY LONGBOAT KEY FL 34228 SARASOTA, FL 34239
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: Change Addition

14. I hereby certify that the information appearing on this report is true and correct, and that I am duly qualified to be the registered agent in Section 119.04(3)(a), Florida Statutes. I further certify that the information on this report is true and correct, 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 person authorized to execute the report as permitted by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change form, or in an affidavit with an affidavit.

SIGNATURE: *Elizabeth A. Nace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 923-1813

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