

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 # **P95000014130 (5)**

1. Corporation Name
CADDIS & CO., INC.



Principal Place of Business: **9495 SUNSET DR., SUITE B-275 MIAMI FL 33173**
Mailing Address: **9495 SUNSET DR., SUITE B-275 MIAMI FL 33173**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/20/1995		
4.	FEL Number	<input checked="" type="checkbox"/>	Applied For
		<input type="checkbox"/>	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

SATULOFF, BARTH
9495 SUNSET DR., SUITE B-275
MIAMI FL 33173

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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: _____
Signature, typed or printed name of registered agent and title if applicable. (Both Required Agent signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATULOFF, BARTH	2. NAME	SATULOFF, BARTH
STREET ADDRESS	9614 S.W. 134TH COURT	3. STREET ADDRESS	9495 SUNSET DRIVE, SUITE B-275
CITY-ST-ZIP	MIAMI FL 33188	4. CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	SATULOFF, GAIL
STREET ADDRESS		7. STREET ADDRESS	9495 SUNSET DRIVE, SUITE B-275
CITY-ST-ZIP		8. CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 recorder 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: *Barth Satuloff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 21, 1996 (305) 595-4695
DATE PHONE #

CR2E034 (12/95)