

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 # **P95000020109 (1)**

1. Corporation Name
POLITICRITTERS, INC.



Principal Place of Business: **151 CRANDON BOULEVARD, #320 KEY BISCAYNE FL 33149**
Mailing Address: **151 CRANDON BOULEVARD, #320 KEY BISCAYNE FL 33149**

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

3. Date Incorporated or Qualified 03/15/1995	3a. Date of Last Report
4. FET Number 650596986	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SECHER, JUDITH E
151 CRANDON BOULEVARD, #320
KEY BISCAYNE FL 33149**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, of individual signatory, if applicable

(If FET Registered Agent signatory, type name with FET number)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECHER, JUDITH E		2. NAME	
STREET ADDRESS	151 CRANDON BOULEVARD, #320		3. STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149		4. CITY- ST- ZIP	
TITLE	VPD	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERER, BETSY		6. NAME	
STREET ADDRESS	151 CRANDON BOULEVARD, #320		7. STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149		8. CITY- ST- ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERER, ANDREW		10. NAME	
STREET ADDRESS	151 CRANDON BOULEVARD, #320		11. STREET ADDRESS	
CITY- ST- ZIP	KEY BISCAYNE FL 33149		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	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY- ST- ZIP			24. 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 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: *Judith E. Secher* **JUDITH E. SECHER** 4-6-96 305-377-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) District Phone #

CR2E034 (12/95)