

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021846 (7)

1. Corporation Name

ADDISON COURT, INC.



Principal Place of Business

Mailing Address

**2240 WOOLBRIGHT RD. 310
BOYNTON BEACH FL 33426-6325**

**2240 WOOLBRIGHT RD. 310
BOYNTON BEACH FL 33426-6325**

2. Principal Place of Business

2a. Mailing Address

21 **220 CONGRESS PK DRIVE**

26 **220 Congress Pk Drive**

3. Date Incorporated or Qualified
03/16/1995

3a. Date of Last Report

22 Suite, Apt #, etc

27 Suite, Apt #, etc

4. FEI Number
65 0565220

Applied For
Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DELRAY BEACH FL

DeLray Beach FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

33445

PALM BEACH

33445

PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOSE, WILLIAM R
515 N FLAGLER DR
19TH FL
W PALM BEACH FL 33401**

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

Signature of the person named as registered agent. (If not applicable, leave blank.)

(If Not Registered Agent, Signature Required When Changing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GELLER, HARVEY	
STREET ADDRESS	2240 WOOLBRIGHT RD, 310	
CITY - ST - ZIP	BOYNTON BEACH FL 33426-6325	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, ROBERT A	
STREET ADDRESS	2240 WOOLBRIGHT RD, 310	
CITY - ST - ZIP	BOYNTON BEACH FL 33426-6325	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	220 Congress Pk Dr, Suite 230	
14 CITY - ST - ZIP	DELRAY BEACH FL 33445	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	220 Congress Pk Dr, Suite 230	
24 CITY - ST - ZIP	DeLray Beach FL 33445	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

(581) 278 3011