

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 # **P95000027839 (6)**

1. Corporation Name
FLD GROUP, INC.



Principal Place of Business: **5129 CASTELLO DRIVE SUITE 1 NAPLES FL 33940**
Mailing Address: **5129 CASTELLO DRIVE SUITE 1 NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/03/1995** 3a. Date of Last Report

2. Principal Place of Business: **21 220 So. FRANKLIN ST** 2a. Mailing Address: **26 220 So. FRANKLIN ST.**

4. FEI Number: **05-0598149** Applied For Not Applicable

22. City & State: **23 TAMPA** 27. City & State: **28 TAMPA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **FL 33602** 25. Country: **33602** 29. Zip: **FL 33602** 30. Country: **33602**

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
**CRAWFORD, J. STEPHEN
5129 CASTELLO DRIVE
SUITE 1
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name: **JOHN GIORGIO**
82 Street Address (P.O. Box Number is Not Acceptable): **220 So. FRANKLIN ST.**
83
84 City: **TAMPA** FL 85 Zip Code: **33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **8/1/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KLOHN, WILLIAM L	
STREET ADDRESS	11983 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33963	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KLOHN, WILLIAM L.	
13 STREET ADDRESS	324 5th AVE. SO.	
14 CITY-ST-ZIP	NAPLES FL 34102	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
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		

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) as an attachment with my address.

SIGNATURE: *[Signature]* DATE: **7/31/96** 941-262-5533

CR2E034 (12/95)