

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038714 (8)

1. Corporation Name

NED ALLEN, INC.

Principal Place of Business

1512 E BROWARD BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33301

Mailing Address

1512 E BROWARD BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33301-2146

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
01/31/1996

2. Principal Place of Business
21 1760 SE 10th Street

Suite, Apt. #, etc.

22 City & State
23 Ft. Lauderdale, FL

24 Zip 33316-1424 25 Country USA

2a. Mailing Address
26 1760 SE 10th Street

Suite, Apt. #, etc.

27 City & State
28 Ft. Lauderdale, FL

29 Zip 33316-1424 30 Country USA

4. FEI Number
65-0586183

Applied For
Not Applicable

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

ALLEN, EDWARD R
1512 E BROWARD BOULEVARD
SUITE 201
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Edward R. Allen

82 Street Address (P.O. Box Number is Not Acceptable)

1760 SE 10th Street

83

84 City

Ft. Lauderdale

FL

85 Zip Code
33316-1424

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 3, 1997

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE
NAME ALLEN, EDWARD R.
STREET ADDRESS 1512 E BROWARD BOULEVARD, SUITE 201
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1760 SE 10th Street
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316-1424

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Allen

Date

Daytime Phone

1/3/97

984-524-4747

0258313

CR2E034 (9/96)