

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000062072 (0)

1. Corporation Name

MACDONALD BURT EDWARDS CORPORATION



Principal Place of Business

6045 S.W. 106TH STREET  
MIAMI FL 33156-4132

Mailing Address

6045 S.W. 106TH STREET  
MIAMI FL 33156-4132

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

EDWARDS, WILLIAM G  
6045 S.W. 106TH STREET  
MIAMI FL 33156

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 typed or printed name of registered agent and title if applicable

(NOTE: Sign and Agent signature required when provided)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM G	
STREET ADDRESS	6045 S.W. 106TH ST.	
CITY - ST - ZIP	MIAMI FL 33156	
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

1.1 TITLE	P	Barbara Burt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		6045 S.W. 106 St	
1.3 STREET ADDRESS		Miami, FL 33156	
1.4 CITY - ST - ZIP			
2.1 TITLE	V	William G Edwards	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		6045 S.W. 106 St	
2.3 STREET ADDRESS		Miami FL 33156	
2.4 CITY - ST - ZIP			
3.1 TITLE	V	Jane K MacDonald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		6400 S.W. 109 St	
3.3 STREET ADDRESS		Miami FL 33156	
3.4 CITY - ST - ZIP			
4.1 TITLE	T	Jane MacDonald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		6400 S.W. 109 St	
4.3 STREET ADDRESS		Miami FL 33156	
4.4 CITY - ST - ZIP			
5.1 TITLE	S	William G Edwards	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		6045 S.W. 106 St	
5.3 STREET ADDRESS		Miami, FL 33156	
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Burt*

1-26-96

305-237-2181

CRE034 (12/95)