

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 # **P95000078152 (2)**

1. Corporation Name
WILLIAM EDEN & ASSOCIATES, INC.



Principal Place of Business: **7163 64TH STREET NORTH PINELLAS PARK FL 34665**
Mailing Address: **7163 64TH STREET NORTH PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified: **10/09/1995**
3a. Date of Last Report
4. FEI Number: **59-3335063**
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. 190.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORES, DAISY G
7163 64TH STREET NORTH
PINELLAS PARK FL 34665**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: *Daisy G. Flores*
Date: **4/2/96**

12. OFFICERS AND DIRECTORS

1. TITLE: **PRESIDENT** DELETE
NAME: **DAISY G FLORES**
STREET ADDRESS: **P.O. BOX 2517**
CITY-ST-ZIP: **PINELLAS PARK, FL 34665**

2. TITLE: **VICE PRES** DELETE
NAME: **GERMAN FLORES**
STREET ADDRESS: **Box 2517**
CITY-ST-ZIP: **PINELLAS PARK, FL 34665**

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. 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:
1.4 CITY-ST-ZIP:

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 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: *Daisy G. Flores*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/96**

CR2E034 (12/95)