

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

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000078152 (2)**  
 1. Corporation Name  
**WILLIAM EDEN & ASSOCIATES, INC.**



Principal Place of Business <b>7163 64TH STREET NORTH PINELLAS PARK FL 34665</b>	Mailing Address <b>7163 64TH STREET NORTH PINELLAS PARK FL 33781-4031</b>
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2. Principal Place of Business 21 <b>10825 Seminole Blvd</b>		2a. Mailing Address 26 <b>10825 Seminole Blvd</b>		3. Date Incorporated or Qualified <b>10/09/1995</b>	3a. Date of Last Report <b>04/08/1996</b>
Suite, Apt. #, etc. 22 <b># 2B</b>		Suite, Apt. #, etc. 27 <b># 2B</b>		4. FEI Number <b>59-3335063</b>	Applied For <input type="checkbox"/> Not Applicable
City & State 23 <b>Largo, FL</b>		City & State 28 <b>Largo, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33778</b>		Zip 29 <b>33778</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country 25 <b>Pinellas</b>		Country 30 <b>Pinellas</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLORES, DAISY G 7163 64TH STREET NORTH PINELLAS PARK FL 34665</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>10825 SEMINOLE BLVD #2B</b>	
83				84 City <b>LARGO</b> FL 85 Zip Code <b>33778</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Pres.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLORES, DAISY G.</b>		1.2 NAME <b>Daisy Flores</b>	
STREET ADDRESS <b>PO BOX 2517</b>		1.3 STREET ADDRESS <b>7163 64 ST. NO.</b>	
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		1.4 CITY-ST-ZIP <b>Pinellas Park FL 33781</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V-Pres</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FLORES, GERMAN</b>		2.2 NAME <b>German Flores</b>	
STREET ADDRESS <b>BOX 2517</b>		2.3 STREET ADDRESS <b>7163 64 ST. NO.</b>	
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		2.4 CITY-ST-ZIP <b>Pinellas Park FL 33781</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: X Daisy G. Flores Date: 3/25/97 Daytime Phone #: 813 392-0929

CR2E034 (9/96)