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

PROFIT CORPORATION ANNUAL REPORT



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

1996

CITY - ST - Z P

DOCUMENT # 1. Corporation Name

P95000091491 (7)

AMERICAN	DANDY	INC
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Principal Place of Business Mailing Address					. samsede sta seinet Britt aftijt deftil DEste 1846t 1861 BLOES 18183 1181 1861			
8360 W. OAK Sunrise Fl	8360 W. OAKLAND PARK BLVD., STE. 201 8360 W. SUNRISE FL 33351 SUNRISE		W. OAKLAND PARK BLVD., STE. 201 RISE FL 33351		i. 201			
						3. Date incorporated or Qualified 3a. Date of Last Report 11/29/1995		
	uce of Business	2a. Maling Ad	dress			4. FEI Number Applied For		
21		26				65 - 0622 101 Not Applicable		
Suite, Apt		Suite, Apt	#. etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	······································	Orty & Stat	e			6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
— Zip	Country	2m	Cou	ntry	<i>t</i>	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	[29]	30	,		Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agen	<u>t</u>	81	T. T	10. Name and Address of New Registered Agent		
ADIC MC	SPIPAL N.A.			61	Name			
	rejen, p.a. . Oakland park blvd., ste.	. 201		82 Street Ac		ress (P.O. Box Number is Not Acceptable)		
SUNRIS	E FL 33351			83				
				84	City	B5 Zip Code		
11. Pursuant t	to the provisions of Sections 607.05	02 and 607,1508, Flor	ida Statutes, the abo	ve r	Lnamed corpo	pration submits this statement for the purpose of changing its registered office		
OI register	red agent, or both, in the State of FI In, and accept the obligations of, Se	оном, фион спанде ма	s authorzeu by the c	corp	oration's boa	praction submits this statement for the purpose of changing its registered officers. I hereby accept the appointment as registered agent. I am		
SIGNATURE	ta di							
12.	Signature, bytell or professional fragions as a g	ND DIRECTORS	the Ht. Begistere: ■ 13.	Age ri	it sign at into response	e: After re-stateg* DATE		
THILE	D	DINECTONS		TI E	···	ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12 Change Addition		
NAME	KADOCH, DAVIO		12N/			C Onlarge C Addition		
STREET ACORESS	8360 W. OAKLAND PARK E	BLVD. STE. 201			I ADDRESS			
CIC++ST+ZIP	SUNRISE FL 33351	JE 15 1, 512 251			SE-ZIP			
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CIY-SI-ZiP					ST , ZIP			
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NAM ⁶		LJ U:				Change Addition		
			62 NA					
STREET AUDRESS	l		■ 63ST	ht E T	ADDRESS			

14. Ldo 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), Fiorida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: DOWN KONS HOWARD OF SIGNING OFFICER OF DIRECTOR DIRECTOR PRES 22.96 (954) 749 2030

6.4 CITY - \$T - ZIP

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