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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMINI OP STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # P96000077709 (9)

FDDS, INC.

FILED 97 JUN 23 AM 8: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address				
8465 N.W. 27TH AVENUE Boca raton fl 83434	3465 N.W. 27TH AVENUE BOCA RATON FL 33434-				
				3. Date incorporated or Qualified 09/18/1996	3a. Date of Last Report
2. Principal Place of Business 21 8177 Glades RD	2a, Mailing Address 26 8777 6-6	des Ro	g	4. FEI Number 65-0694025	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Dosired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip <b>29</b>	Country 30		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
g. Name and Address of Current	t Registered Agent			10. Name and Address of New Rec	pistered Agent
James, Keith A 1655 Palm Beach Lakes Blvd. Suite \$10, Tower C W. Palm Beach, FL 33401  11. Pursuant to the provisions of Sections 607.0502 office or registered agent. O Nothern the State agent. I application with an accept the obligations.		83 84 Utes, the above- authorized by the state of the sta	1655 P Suite 8 W. Palr	, Keith A alm Beach Lakes Blvd, 10, Tower C m Beach, FL 33401  boration submits this statement for the prion's board of directors. I hereby accep	Jas Zip Code  Jas
agent. I any familiar with a discount the obligation of the obliga		Torida Statutes.		6/3/97	DATE
		13.	відпасого терпії	ADDITIONS/CHANGES TO OFFIC	
70715	DINECTORS	1.3 THE	T	ADDITIONS/CHANGES TO OFFIC	Change Addition
John J. McLaughiin	nce Secretary	1.2 NAME	- 1		C Shoulde C Manual
1981 NVV 38th Terra		1.3 STREET A	DODECC	•	
City-st-zip Coconut Creek, FL	33066				
TITLE D	. Delete	1.4 CITY - ST - 2.1 TITLE	ZIP		Change Addition
NAME LAWLOR, JOHN	Pre Silant	2.2 NAME			onunge noonen
STREET ADDRESS 3465 N.W. 27TH AVENUE	116311-10	23 STREET A	nnotee		
CITY-ST-ZIP BOCA RATON FL 33434		2.4 DITY-ST			
TIPLE	CC. DELETE	31 TITLE	-	**************************************	Change LAddition
NAME LAWTENCE	ort Director	3.2 NAME			21 <b>日内地 - 口4頃</b> 〜 9701098007
STREET ADDRESS 2850 NW	Mal the second	3.3 STREET A	DORESS	*****16	5.00 ***165.00
TIPLE HAME STREET ADDRESS CITY-ST-ZIP  Lawrence T. Sta 2850 NW 26th Co. Beca Raton, El 3:	7474	3.4. CITY - ST	· I	****** 1 O.	3.00 ***********************************
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			•
STREET ADDRESS		4.3 STREET A	DDRESS		
CITY-ST-ZIP		4.4 CITY-ST-	}	${\sf A}$	
TITLE	DELETE	51 TITLE		/M .	Change Addition
RAME		5.2 NAME		( <del>/ [4</del> ] \/	$\langle \cdot \rangle$
STREET ADDRESS		5.3 STREET A	DORESS	( h /a/4	<b>1</b> 1
CITY-ST-ZIP		5.4 CITY - ST-	ZIP	Y4731	•
TITLE	DELETE	6.1 TITLE		Inv	Change Addition
NAME		6.2 NAME		w /	
			- 1		
STREET ADDRESS		6.3 STREET A	DDRESS		
STREET ADDRESS CITY-ST-ZIP		6.3 STREET A			

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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed and in an address.