FILE NOW: FILING FEE AFTER MAY 1 IS \$55 FILED **PROFIT** Mar 07 1997 8:00am FLORIDA DEPARTMEN OF STATE CORPORATION Sandra B. Moi ANNUAL REPORT Secretary+1 S Secretary of State DIVISION OF CORPO ATIONS 1997 S28760 DOCUMENT # NO. FED, INC. Principal Place of Business Mailing Address 4055 NORTH FEDERAL HWY. 4065 NORTH FEDERAL HWY. **BOCA RATON FL 33431 BOCA RATON FL 33431-4526** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996 01/31/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0242717 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under a. 199.032, 24 25 30 Florida Statutes Yes 🔲 No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name WINTERS, IRA 4055 N. FEDERAL HWY. Street 82 **BOCA RATON FL 33431** 83 84 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 pholipsocept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. Change Addition X DELETE 1.3 TOTLE TITLE WINTERS, IRA INTERS. NAME 1.2 NAME K40H3 4055 N. FEDERAL HWY. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5. TITLE NAME 5.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true at I am an officer or director of the corporation or the receiver or trustee empowered. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if

SIGNATURE: