

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 # **S35290** (3)

1. Corporation Name
PLAZA 443, INC.



Principal Place of Business
**18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948**

Mailing Address
**18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0290159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FEHR, JEFFREY
18501 MURDOCK CIRCLE
SUITE 401 SUNBANK CENTER
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, RONALD	1.2 NAME	
STREET ADDRESS	615 FURROWS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLTSVILLE NY	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, WILLIAM	2.2 NAME	
STREET ADDRESS	615 FURROWS ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLTSVILLE NY	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARONE, RONALD	3.2 NAME	
STREET ADDRESS	19 STILLWOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKHAVEN NY	3.4 CITY - ST - ZIP	
TITLE	PST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEHR, JEFFREY	4.2 NAME	
STREET ADDRESS	18501 MURDOCK CIRCLE, STE 401 SUNBANK CNTR	4.3 STREET ADDRESS	
CITY - ST - ZIP	POST CHARLOTTE FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, JEFFREY	5.2 NAME	
STREET ADDRESS	STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	5.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHR, JERRY	6.2 NAME	
STREET ADDRESS	STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY FEHR

1/29/96

941-629-7726

CR2E034 (12/95)