

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S39825 (2)

1. Corporation Name
HOLNBAC ENTERPRISES, INC.



Principal Place of Business: **C/O ACCOUNTANTS AND BUSINESS CONSULTANTS 790 E. BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301**

Mailing Address: **C/O ACCOUNTANTS AND BUSINESS CONSULTANTS 790 E. BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301**

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
25. Country	30. Country

3. Date Incorporated or Qualified 03/22/1991	3a. Date of Last Report 02/14/1995
4. FBI Number 65-0251829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <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	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**HOLNBAC, ROGER
 C/O ACCOUNTANTS AND BUSINESS CONSULTANTS
 790 E. BROWARD BLVD., SUITE 302
 FT LAUDERDALE FL 33301**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1409, 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 I accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLNBAC, ROGER	2. NAME	
STREET ADDRESS	790 E BROWARD BLVD #302	3. STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	4. CITY, ST, ZIP	
TITLE	VP	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLNBAC, LAUREN	6. NAME	
STREET ADDRESS	790 E BROWARD BLVD #302	7. STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 statute in Section 119.07(9)(g), 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 of this report, or in a separate report with an addendum.

SIGNATURE: *Roger B. Holnbac*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 305-646-6084

CR2E034 (12/95)