## 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

DOCUMENT # \$59250

Country

9. Name and Address of Current Registered Agent

25

(8)

1. Corporation Name FDRE, INC.

| Principal F | Place of | Business |
|-------------|----------|----------|
|-------------|----------|----------|

2. Principal Place of Business

Suite. Apt. #. etc

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zıpı

Suite, Apt. #, etc.

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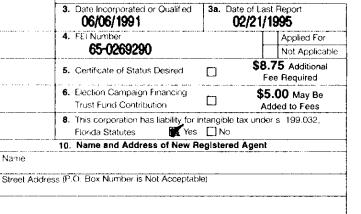
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639 U.S. HIGHWAY #1 NORTH PALM BEACH FL 33408

DECESARE, FRANK K.

639 U.S. HIGHWAY #1 NORTH PALM BEACH FL 33408 639 U.S. HIGHWAY #1 NORTH PALM BEACH FL 33408



85

Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

Country

81

82

**83** City

30

| 12.             | OFFICERS AND DIRECTORS |          | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------|------------------------|----------|----------------------|---|
| TITLE           | D                      | ☐ DELETE | 1 1 TITLE            | Change Add  |
| NAME            | DECESARE, FRANK K.     |          | 1.2 NAME             |   |
| STREET ADDRESS  | 639 U.S. HIGHWAY #1    |          | 1.3 STHEET ADDRESS   |   |
| CITY - ST - ZIP | North Palm Beach Fl    |          | 14 CITY - ST. ZIP    |   |
| TITLE           |                        | ☐ DELETE | 2 1 TITLE            | Change Addi                                       |
| NAME            |                        |          | 2.2 NAME             |   |
| STREET ADDRESS  |                        |          | 2.3 STREET ADDRESS   |   |
| CHY-S1-7IP      |                        |          | 2 4 CITY - ST - ZIP  |   |
| TITLE           |                        | DELETE   | 3 1 TITLE            | Change Add  |
| NAME            |                        |          | 3.2 NAME             |   |
| STREET ADDRESS  |                        |          | 3.3 STREET ADDRESS   |   |
| CITY - ST - ZIP |                        |          | 3.4 CITY - ST ZIP    |   |
| THILE           |                        | □ DELETE | 4 ' TITLE            | Change 🗀 Addi                                     |
| NAME            |                        |          | 4.2 NAME             |   |
| STREET ADDRESS  |                        |          | 4.3 STREET ADDRESS   |   |
| CHTY - ST - ZIP |                        |          | 4.4.01° Y + S* + ZIP |   |
| TITLE           | , ,                    | ☐ DELETE | 5 ' fitte            | Change Addi                                       |
| NAME            |                        |          | 5.2 NAME             |   |
| STREET ADDRESS  |                        |          | 5.3 STREET ADDRESS   |   |
| CITY - ST - ZIP |                        |          | 5.4 CITY - ST - ZIP  |   |
| THILE           |                        | ☐ DELETE | 6 t TITLE            | Change Addi                                       |
| NAME            |                        |          | 6.2 NAME             |   |
| STREET ADDRESS  |                        |          | 6.3 STREET ADDRESS   |   |
| CITY-ST-ZIP     |                        |          | 64 CI*Y - S* - 7IP   |   |

14. I do hereby certify that the information supplied with this fling 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 report or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apose in Block 12 or Block 13 if changed on an all appropriate in the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407 848-140

CR2E034 (12/95)