

**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 # **S70482 (2)**

1. Corporation Name  
**ALFRED DANIELS, INC.**



Principal Place of Business: **501 S FLAGLER DR SUITE 505 WEST PALM BEACH FL 33401**  
Mailing Address: **501 S FLAGLER DR SUITE 505 WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **08/02/1991**  
3a. Date of Last Report: **01/27/1995**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
<b>ALFRED DANIELS, INC.</b>					<b>DR. ROBERT H. SCHEYER</b>				
Suite, Apt. #, etc					Suite, Apt. #, etc.				
<b>243 MERRAIN ROAD</b>					<b>243 MERRAIN ROAD</b>				
City & State					City & State				
<b>PALM BEACH, FLORIDA</b>					<b>PALM BEACH, FLORIDA</b>				
Zip		Country			Zip		Country		
<b>33480</b>					<b>33480</b>				

4. FEI Number: **65-0283346**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FRIEDLAND, KIRK  
501 S FLAGLER DR  
SUITE 505  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name: **DR. ROBERT H. SCHEYER**  
82 Street Address (P.O. Box Number is Not Acceptable): **% ALFRED DANIELS, INC.**  
83 **243 MERRAIN ROAD**  
84 City: **PALM BEACH** FL 85 Zip Code: **33480**

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 607.05, Florida Statutes.

SIGNATURE: *Robert H. Scheyer* **ROBERT H. SCHEYER - PRESIDENT** DATE: **25 MARCH 1996**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>MUELLER, PAUL</b>	
STREET ADDRESS	<b>AURORA STRASSE 90</b>	
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/>
NAME	<b>MUELLER, URSULA</b>	
STREET ADDRESS	<b>AURORA STRASSE 90</b>	
CITY-ST-ZIP	<b>ZURICH, SWITZERLAND</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>DR. ROBERT H. SCHEYER</b>		
1.3 STREET ADDRESS	<b>243 MERRAIN ROAD</b>		
1.4 CITY-ST-ZIP	<b>PALM BEACH, FL. 33480-3113</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Ursula Müller* **URSULA MÜLLER - V.P./SEC.** DATE: **25 MAR. '96 (407) 881-7002**  
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)