

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Savaria B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:31

DOCUMENT # **S70682** (7)

1. Corporation Name
EXECUTIVE DIRECTORS, INC.

Principal Place of Business Mailing Address
15601 S.W. 170 AVENUE MIAMI FL 33187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **02/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0279944		Applied For Not Applicable	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD SEPTER, HEATHER C.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15601 S.W. 170 AVENUE	2. STREET ADDRESS	
CITY, STATE, ZIP	MIAMI FL	3. CITY, STATE, ZIP	
NAME	D JOHNSTON, ROBERT L	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1225 NE 162ND ST	5. STREET ADDRESS	
CITY, STATE, ZIP	NO MIAMI BCH FL	6. CITY, STATE, ZIP	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, STATE, ZIP		9. CITY, STATE, ZIP	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, STATE, ZIP		15. CITY, STATE, ZIP	
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the information is true and correct for the information stated in this report. I further certify that the information indicated in this annual report or supplemental annual report is true and correct and that my corporation 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1-A, if changed, on an affidavit filed with an address.

SIGNATURE *Heather C. Septer* **HEATHER C. SEPTER** 1/9/95 (305) 233-9542
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR