

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **V15123** (5)

1. Corporation Name
A-NUTEMP, INC.



Principal Place of Business Mailing Address
19593 N.E. 10TH AVE.
BAYS C & D
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified 02/19/1992	3a. Date of Last Report 03/07/1995
4. FEI Number 65-0312084	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
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ALAN B.
11077 BISCAYNE BLVD.
PENTHOUSE SUITE
NORTH MIAMI FL 33181

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 person or persons authorized to sign this statement

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODWORTH, JOEY		1.2 NAME		
STREET ADDRESS	19593 N.E. 10 AVE., #C&D		1.3 STREET ADDRESS		
CITY- ST- ZIP	N. MIAMI BEACH FL		1.4 CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODWORTH, JOEY		2.2 NAME		
STREET ADDRESS	19593 N.E. 10 AVE., #C&D		2.3 STREET ADDRESS		
CITY- ST- ZIP	N. MIAMI BEACH FL		2.4 CITY- ST- ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, JOHN C., JR.		3.2 NAME		
STREET ADDRESS	19593 N.E. 10 AVE., #C&D		3.3 STREET ADDRESS		
CITY- ST- ZIP	N. MIAMI BEACH FL		3.4 CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODWORTH, MICHAEL		4.2 NAME		
STREET ADDRESS	19593 N.E. 10 AVE., #C&D		4.3 STREET ADDRESS		
CITY- ST- ZIP	N. MIAMI BEACH FL		4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			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, as changed or corrected in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (305) 770-1014
Date Date/Time Phone #

CR2E034 (12/95)