

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V23202**

(7)

1. Corporation Name

MR. TED ENTERPRISES, INC.



Principal Place of Business 2600 S. NOVA ROAD SOUTH DAYTONA FL 32119	Mailing Address 2600 S. NOVA ROAD SOUTH DAYTONA FL 32119-8835
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3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 06/19/1996
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2. Principal Place of Business 21 1022 Reed Canal Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 1022 Reed Canal Rd. Suite, Apt. #, etc.
22 City & State 23 Daytona Beach, FL Zip Country 24 32119 25 USA	27 City & State 28 Daytona Beach, FL Zip Country 29 32119 30 U.S.A.

4. FEI Number 50-3114468	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	

9. Name and Address of Current Registered Agent FOSTER, WALTER E., III 315 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MCKEE, DOUGLAS M
STREET ADDRESS	2600 S NOVA RD
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	MCKEE, J TED
STREET ADDRESS	2600 S NOVA RD
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCKEE, DORETTA H.
STREET ADDRESS	2600 S. NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1022 REED CANAL ROAD
1.4 CITY-ST-ZIP	Daytona Beach, FL. 32119
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1022 REED CANAL ROAD
2.4 CITY-ST-ZIP	Daytona Beach, FL. 32119
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1022 Reed Canal Road
3.4 CITY-ST-ZIP	Daytona Beach, FL. 32119
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Doretta H. McKee** **2/19/97** **904-788-7009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CR2E034 (9/96)