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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V71363 (8)

1. Corporation Name  
FDN ENTERPRISES, INC.

Principal Place of Business

13195 NW 47 AVE  
OPA LOCKA FL 33054  
US

Mailing Address

13195 NW 47 AVE  
OPA LOCKA FL 33054-4309  
US



3. Date Incorporated or Qualified 10/15/1992  
3a. Date of Last Report 02/27/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0361771		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

KRIGER, MOISES  
13195 NW 47 AVE  
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

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 officer or director of corporation and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGER, MOISES	1.2 NAME	
STREET ADDRESS	13185 N.W. 47TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGER, NELSON E.	2.2 NAME	
STREET ADDRESS	13185 N.W. 47TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGER, LIDIA	3.2 NAME	
STREET ADDRESS	13185 NW 47TH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	3.4 CITY - ST - ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGER, FRANK J.	4.2 NAME	
STREET ADDRESS	13185 NW 47TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	4.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGER, DIANNE	5.2 NAME	Syger, Dianne
STREET ADDRESS	13185 NW 47TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	OPA LOCKA FL 33054	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 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, unchanged, or in an attachment with an address.

SIGNATURE:

*Frank J. Kriger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. KRIGER

1/22/97

(305) 688-6054

Date

Daytime Phone #

0141853

CR2E034 (9/96)