

**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 # **664278** (9)  
1. Corporation Name  
**NANCY REED ENTERPRISES INC.**



Principal Place of Business <b>3550 BISCAYNE BLVD. #504 MIAMI FL 33137</b>		Mailing Address <b>C/O KANTER CORP 4700 ASHWOOD DR., #400 CINCINNATI OH 45241 US</b>		3. Date Incorporated or Qualified <b>02/06/1980</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1976689</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 <b>KANTER, JOSEPH 3550 BISCAYNE BLVD. #504 MIAMI FL 33137</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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, typed or printed name of registered agent 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	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KANTER, N R</b>		1.2 NAME		
STREET ADDRESS	<b>3550 BISCAYNE BLVD.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KANTER, H A</b>		2.2 NAME		
STREET ADDRESS	<b>3550 BISCAYNE BLVD.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADLER, F.H.</b>		3.2 NAME		
STREET ADDRESS	<b>4700 ASHWOOD DR</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CINCINNATI OH</b>		3.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILDERMUTH, R.E.</b>		4.2 NAME		
STREET ADDRESS	<b>4700 ASHWOOD DR</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>CINCINNATI OH</b>		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 if changed, or on an attachment with an address.

SIGNATURE: *Nancy R. Kanter* **2-9-96** **305-576-4310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)