

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 # **L48091** (7)

1. Corporation Name
THE 581 COMPANY



Principal Place of Business: **3066 S FLORIDA AVE INVERNESS FL 34442**
Mailing Address: **PO BOX 2564 INVERNESS FL 34451 US**

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	02/01/1990	04/12/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23. City & State	28. City & State	59-2999041	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JOSEPH URBAN
3276 E CROWN DRIVE
IVERNESS FL 34453**

10. Name and Address of New Registered Agent
81 Name: **JOSEPH URBAN**
82 Street Address (P.O. Box Number is Not Acceptable): ~~3276 E Crown Drive~~
83 **6150 E. SAGE ST.**
84 City: **IVERNESS** FL 85 Zip Code: **34452**

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: *Joseph Urban* **JOSEPH URBAN President** DATE: **1/20/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOSEPH URBAN	
STREET ADDRESS	3276 E CROWN DRIVE	
CITY-ST-ZIP	IVERNESS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	URBAN, JOSEPH	
STREET ADDRESS	1903 SILVERWOOD ST	
CITY-ST-ZIP	IVERNESS FL 34453	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SECRETARY
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	JAMES RALPH
4.4 CITY-ST-ZIP	8599 C Hampton Pt rd
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IVERNESS, FL 34452
5.3 STREET ADDRESS	TREASURER
5.4 CITY-ST-ZIP	ERICA Urban
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6150 E. SAGE ST.
6.3 STREET ADDRESS	IVERNESS, FL 34452
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: *Joseph Urban* **JOSEPH URBAN President** DATE: **1/20/96**
Daytime Phone #: **344-4277**

CR2E034 (12/95)