

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

FILED

**Feb 24 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 # 344579 (8)

2295 SOUTH OCEAN BOULEVARD CORP



Principal Place of Business 2295 S OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2295 S OCEAN BLVD. PALM BEACH FL 33480-5357
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3. Date Incorporated or Qualified 04/15/1969	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1278985	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

BECKERMAN, GEORGE
2295 S. OCEAN BLVD.
APT. #407
PALM BEACH FL 33480

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BECKERMAN, GEORGE	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEIBOWITT, S D	
STREET ADDRESS	2295 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACOBY, STANLEY	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHEN, PHILIP	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	M	<input type="checkbox"/> DELETE
NAME	GRAHAM, IRENE	
STREET ADDRESS	2295 SO OCEAN BLVD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMS, M.D. LOUIS	
STREET ADDRESS	2295 SOUTH OCEAN BOULEVARD, SUITE 807	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEROME MILLER	
1.3 STREET ADDRESS	2295 So. OCEAN Blvd	
1.4 CITY-ST-ZIP	PALM BEACH FL 33480	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE SPIECEL	
2.3 STREET ADDRESS	2295 So. OCEAN Blvd	
2.4 CITY-ST-ZIP	PALM BEACH FL 33480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *Philip Cohen* **PHILIP COHEN**
 TREASURER 1/18/97

CR2E034 (9/96)