

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

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Jan 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

DOCUMENT # 375529 (5)

1. Corporation Name  
ENDOWMENT SERVICES INC.



Principal Place of Business  
3939 HOLLYWOOD BLVD  
SUITE 1A  
HOLLYWOOD FL 33021  
US

Mailing Address  
3939 HOLLYWOOD BLVD  
SUITE 1A  
HOLLYWOOD FL 33021-6749  
US

3. Date Incorporated or Qualified 01/13/1971	3a. Date of Last Report 03/29/1996
4. FEI Number 59-1349757	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent  
WIENER, LAWRENCE  
1506 N.E. 162ND STREET  
MIAMI BEACH FL 33162

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

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: Lawrence Wiener (NOTE: Registered Agent signature required when reinstating) DATE: JAN 16, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST WIENER, LAWRENCE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, LAWRENCE	12 NAME	
STREET ADDRESS	1506 NE 162 ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D WIENER, LAWRENCE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, LAWRENCE	22 NAME	
STREET ADDRESS	1506 NE 162 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	400002068844
CITY-ST-ZIP		54 CITY-ST-ZIP	-01/27/97--01010--015
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***495.00
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	900002068839
CITY-ST-ZIP		64 CITY-ST-ZIP	-01/27/97--01010--014
			***495.00

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: [Signature] DATE: JAN 16, 1997 DAYTIME PHONE # 954 986 8688

CR2E034 (9/96)