

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **392282** (0)

1. Corporation Name
1560 CORPORATION



Principal Place of Business: **17031 BOCA CLUB BLVD. #103A BOCA RATON FL 33429-1546**
Mailing Address: **P.O. BOX 1546 BOCA RATON FL 33429-1546**

3. Date Incorporated or Qualified: **12/06/1971**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1369752**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, TED
17031 BOCA CLUB BLVD., #103A
BOCA RATON FL 33429-1546**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0609 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: _____ DATE: _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAPLAN, TED		1.2 NAME:	
STREET ADDRESS: 17031 BOCA CLUB BLVD		1.3 STREET ADDRESS:	
CITY, ST, ZIP: BOCA RATON FL		1.4 CITY, ST, ZIP:	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: AVICK, BEN		2.2 NAME:	
STREET ADDRESS: 5255 COLLINS AVE #14C		2.3 STREET ADDRESS:	
CITY, ST, ZIP: MIAMI BEACH FL		2.4 CITY, ST, ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEE, HAROLD		3.2 NAME:	
STREET ADDRESS: 5510 S.W. 92ND AVE.		3.3 STREET ADDRESS:	
CITY, ST, ZIP: MIAMI FL		3.4 CITY, ST, ZIP:	
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WAXMON, JACK		4.2 NAME:	
STREET ADDRESS: 10009 S.W. 127TH ST.		4.3 STREET ADDRESS:	
CITY, ST, ZIP: MIAMI FL		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 in an attachment with an address.

SIGNATURE: *Ted Kaplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TED KAPLAN, PRESIDENT

2/22/96 (407) 997-9218
DATE: _____

CR2E034 (12/95)