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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:35

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F59087** (9)

1. Corporation Name
ENGELBERG, CANTOR & KUSHNER, P.A.

Principal Place of Business	Mailing Address
% MORRIS ENGELBERG 3230 STIRLING RD HOLLYWOOD FL 33021	% MORRIS ENGELBERG 3230 STIRLING RD HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1981	3a. Date of Last Report 01/25/1994
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2143797		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGELBERG, MORRIS 3230 STIRLING RD HOLLYWOOD FL 33021				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ENGELBERG, MORRIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3081 N. 35TH ST.	1.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVS CANTOR, JERALD C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3130 N. 49TH AVE.	2.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DAT KUSHNER, LES. S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13001 SW 30TH COURT	3.2 NAME	
STREET ADDRESS	DAVIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V MILGRIM, LAURIE E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10253 CAPRI STR	4.2 NAME	
STREET ADDRESS	COOPER CITY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 shareholder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or as an attachment thereto with an address.

SIGNATURE: MORRIS ENGELBERG 1-12-95 (305) 966-3900