

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F60134 (6)**

1. Corporation Name
GOLDSTEIN, LEWIN & COMPANY, P.A.



Principal Place of Business: 1900 CORPORATE BL. N.W. EAST BLDG. STE 300 BOCA RATON FL 33431
Mailing Address: 1900 CORPORATE BL. N.W. EAST BLDG. STE 300 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 12/29/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2147155
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 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**FAYNE, STEVEN N, ESQ.
700 S.E. THIRD AVENUE
SUITE #300
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
81 Name: DONALD J. GOLDSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 6650 LAS FLORES DRIVE
83
84 City: BOCA RATON, FL 85 Zip Code: 33433

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: *Donald J. Goldstein* DONALD J. GOLDSTEIN, PRES/TRUSTEE. 6/20/96
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input type="checkbox"/>
NAME	GOLDSTEIN, DONALD J	
STREET ADDRESS	6650 LAS FLORES DR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/>
NAME	LEWIN, GERALD R	
STREET ADDRESS	3235 ST. CHARLES PLACE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	ZIP CODE 33433		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	7050 AYRSHIRE LANE		
2.4 CITY - ST - ZIP	BOCA RATON, FL 33496		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald J. Goldstein* DONALD J. GOLDSTEIN 6/20/96 (561) 994-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)