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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:55

DOCUMENT # **F94000005209 (1)**

1. Corporation Name
ABRAMS/MENDELSOHN INC.

Principal Place of Business	Mailing Address
10908 NW 1ST MANOR CORAL SPRINGS FL 33071	10908 NW 1ST MANOR CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7851 NW 99TH Avenue
22: Suite, Apt. #, etc.
23: Parkland, Florida
24: 33076-2768
25: Country U.S.A.

2a. Mailing Address
26: 7851 NW 99TH AVENUE
27: Suite, Apt. #, etc.
28: Parkland, Florida
29: 33076-2768
30: Country U.S.A.

4. FEI Number: 52-1492770 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

MENDELSOHN, MIRIAM L
2507 SHERIDAN STREET
HOLLYWOOD FL 33020

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 _____ (DATE)
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☑ Change ☐ Addition
NAME	MENDELSOHN, MIRIAM	12 NAME	
STREET ADDRESS	10908 NW 1ST MANOR	13 STREET ADDRESS	7851 NW 99TH Avenue
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	Parkland, Florida 33076-2768
TITLE	SD	21 TITLE	☑ Change ☐ Addition
NAME	VINICUR, PHILIP	22 NAME	
STREET ADDRESS	10908 NW 1ST MANOR	23 STREET ADDRESS	7851 NW 99TH Avenue
CITY ST ZIP	CORAL SPRINGS FL 33071	24 CITY ST ZIP	Parkland, Florida 33076-2768
TITLE	VICT	31 TITLE	☐ Change ☐ Addition
NAME	MENDELSOHN, ALFRED	32 NAME	
STREET ADDRESS	#1 PICKENS COURT	33 STREET ADDRESS	
CITY ST ZIP	BALTIMORE MD 21238	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 Vinicur, Jr. Philip Vinicur 3-29-95 (305)345-1419
(SIGNATURE AND TITLE OF CHAIRMAN OR CHIEF EXECUTIVE OFFICER OF CORPORATION OR DIRECTOR) (DATE) (DAYTIME PHONE #)

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