

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L07878** (6)

1. Corporation Name  
**CAROL F. BERNSTEIN, INC.**



Principal Place of Business Mailing Address  
**% CAROL F. BERNSTEIN**  
**2060 S E 17TH ST**  
**POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified **08/03/1989** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **3200 N. PORT ROYALE DR.** 26 **3200 N. PORT ROYALE DRIVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1409** 27 **1409 SUITE 179**  
City & State City & State  
23 **FORT LAUDERDALE FL** 28 **FORT LAUDERDALE FL**  
Zip Country Zip Country  
24 **33308** 25 **BROWARD** 29 **33308** 30 **BROWARD**

4. FEI Number **65-0157254** 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 10. Name and Address of New Registered Agent  
**BERNSTEIN, CAROL F.**  
**2060 SE 17 ST**  
**POMPANO BEACH FL 33062**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3200 N. PORT ROYALE DRIVE** **6278 N Federal Hwy**  
83 **1409 Suite 179**  
84 City **FORT LAUDERDALE** FL 85 Zip Code **33308**

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 (Signature typed or printed from other form on page 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14) DATE (Date Registered Agent Signature required when not state agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BERNSTEIN, CAROL F.</b>	1.2 NAME	<b>6278 N Federal Hwy Suite 179</b>
STREET ADDRESS	<b>2060 S E 17TH ST.</b>	1.3 STREET ADDRESS	<b>3200 N. PORT ROYALE DRIVE # 1409</b>
CITY-STATE-ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY-STATE-ZIP	<b>FORT LAUDERDALE, FL 33308</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: *Carol F. Bernstein* 1/30/95 954-4939004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY & PHONE #

CR2E034 (12/95)