

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L10173 (7)**

1. Corporation Name

**421 WASHINGTON AVENUE, INC.**



Principal Place of Business

**230 FIFTH STREET  
MIAMI BEACH FL 33139-6602**

Mailing Address

**230 FIFTH STREET  
MIAMI BEACH FL 33139-6602**

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**ROBINS, CRAIG  
230 FIFTH ST.  
MIAMI BEACH FL 33139**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**08/21/1989**

3a. Date of Last Report

**04/27/1995**

4. FFL Number

**65-0145117**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of State Representative or Senator

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>ROBINS, CRAIG</b>	
STREET ADDRESS	<b>230 FIFTH STREET</b>	
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROBINS, SCOTT</b>	
STREET ADDRESS	<b>230 FIFTH STREET</b>	
CITY, ST, ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

**400001757414  
03/26/96 01029-008  
44,200.00**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig Robins* 2/28/96 (307)531-8700  
SG 3-25-96

CR2E034 (12/95)