

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M44230** (4)

1. Corporation Name  
**2851 S.W. 31ST AVE., INC.**



Principal Place of Business: **C/O JAMES S. PRICE, 200 OCEAN LANE DR. APT. 1206, KEY BISCAYNE FL 33149**  
Mailing Address: **C/O JAMES S. PRICE, 200 OCEAN LANE DR. APT. 1206, KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified: **12/30/1986**  
3a. Date of Last Report: **01/13/1995**  
4. FEI Number: **59-2752494**  
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

2. Principal Place of Business: 21 State, Apt. #, etc.:  
22 City & State:  
23 Zip: Country:  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, JAMES S.  
200 OCEAN LANE DR. APT. 1206  
KEY BISCAYNE FL 33149**

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 607.0602 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11. NAME: <b>PST PRICE, JAMES S.</b>	<input type="checkbox"/> DELETE
12. STREET ADDRESS: <b>200 OCEAN LANE DR.</b>	
13. CITY, STATE, ZIP: <b>KEY BISCAYNE FL</b>	
14. NAME:	<input type="checkbox"/> DELETE
15. STREET ADDRESS:	
16. CITY, STATE, ZIP:	
17. NAME:	<input type="checkbox"/> DELETE
18. STREET ADDRESS:	
19. CITY, STATE, ZIP:	
20. NAME:	<input type="checkbox"/> DELETE
21. STREET ADDRESS:	
22. CITY, STATE, ZIP:	
23. NAME:	<input type="checkbox"/> DELETE
24. STREET ADDRESS:	
25. CITY, STATE, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS:	
13. CITY, STATE, ZIP:	
14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS:	
16. CITY, STATE, ZIP:	
17. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS:	
19. CITY, STATE, ZIP:	
20. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS:	
22. CITY, STATE, ZIP:	
23. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS:	
25. 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 registered agent 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, or, an appointment with an address.

SIGNATURE: *James S. Price* **James S. Price** 1/17/96 361-3638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)