

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49973

(4)

1. Corporation Name

4006 CORPORATION

Principal Place of Business

**780 N ST RD 7
PLANTATION FL 33317**

Mailing Address

**780 N ST RD 7
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

County

24

County

29

**SIEGEL, ANDREW L
8751 WEST BROWARD BLVD.
SUITE 108
PLANTATION FL 33324**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/03/1987

04/14/1994

4. TEL Number

65-0018103

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

7. The corporation has filed no intangible tax under S. 100-0702
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81. Name

85. Zip Code

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

FL 85

83.

84. City

11. Pursuant to the provisions of Sections 607.0507 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:

OF OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

OFFICER
NAME
ADDRESS
CITY, ST, ZIP

**D
COREN, LEONARD I.
780 N. STATE RD. 7
PLANTATION FL**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

OFFICER
NAME
ADDRESS
CITY, ST, ZIP

**NAME
ADDRESS
CITY, ST, ZIP**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

OFFICER
NAME
ADDRESS
CITY, ST, ZIP

**NAME
ADDRESS
CITY, ST, ZIP**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

OFFICER
NAME
ADDRESS
CITY, ST, ZIP

**NAME
ADDRESS
CITY, ST, ZIP**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. I, **LEONARD I. COREN**, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(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 asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Office Power