

**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 # **P93000079945 (0)**  
1. Corporation Name

**MITZVAH ENTERPRISES, INC.**



Principal Place of Business: **8400 NORTH UNIVERSITY DRIVE TAMARAC FL 33321**  
Mailing Address: **8400 NORTH UNIVERSITY DRIVE TAMARAC FL 33321**

2. Principal Place of Business: **SUITE 109**  
2a. Mailing Address: **SUITE 109**  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country

3. Date Incorporated or Qualified: **11/11/1993**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0447985**  
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  
**SCHREIBER, BRUCE  
8400 NORTH UNIVERSITY DRIVE  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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 or 10th filer required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>President/DIRECTOR</b>
NAME	<b>SCHREIBER, BRUCE</b>	1.2 NAME	
STREET ADDRESS	<b>8400 N. UNIVERSITY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>SECRETARY/DIRECTOR</b>
NAME	<b>SCHREIBER, LOUIS</b>	2.2 NAME	
STREET ADDRESS	<b>8400 N. UNIVERSITY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 in an attachment with an address.

SIGNATURE: *Bruce Schreiber* **4/25/96** **954 7228400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)