

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000027340 (6)**

1. Corporation Name  
**COUPONMANIA, INC.**



Principal Place of Business <b>P.O. BOX 26895 SUNRISE FL 33351 US</b>	Mailing Address <b>P.O. BOX 26895 SUNRISE FL 33351 US</b>	3. Date Incorporated or Qualified <b>04/11/1994</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business 21 <b>4891 NW 103rd Ave</b>	2a. Mailing Address 26 <b>PO Box 26895</b>	4. FEI Number <b>65-0481726</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b>SUITE # 14</b>	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23 <b>SUNRISE FL</b>	City & State 28 <b>SUNRISE FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24 <b>33351</b>	Country 25 <b>US</b>	Zip 29 <b>33320</b>	Country 30 <b>US</b>

8. Name and Address of Current Registered Agent <b>EPSTEIN, RICHARD W ESQ. 100 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309</b>	10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City <b>FL</b> 65 Zip Code
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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 name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CHAZEN, BERNARD</b>		1.2 NAME	
STREET ADDRESS <b>4891 NW 103RD AVENUE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SUNRISE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DVST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HURWITZ, STEPHEN A.</b>		2.2 NAME	
STREET ADDRESS <b>4891 NW 103RD AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SUNRISE FL</b>		2.4 CITY-ST-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-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEPHEN A HURWITZ UP 4/10/97 954-749-1493  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**STEPHEN A HURWITZ** 0521359

CR2E034 (9/96)