

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/15: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 20 AM 9:15

**DOCUMENT # P94000040356 (5)**

1. Corporation Name  
**150 SAN CARLOS BOULEVARD CORP.**

Principal Place of Business Mailing Address  
**4435 OLD WINTER GARDEN RD. ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 **150 San Carlos Blvd** 26 **c/o OMG, Inc - 546 Broadway**  
 22 State, Apt. #, etc. 27 State, Apt. #, etc.  
 23 **Fl. Meyers Beach, Fl.** 28 **New York, NY**  
 24 **33902** 25 **USA** 29 **10012** 30 **USA**

4. FEI Number **58-2123920** 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. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**XL CORPORATE SERVICES INC.**  
**4435 OLD WINTER GARDEN RD.**  
**ORLANDO FL 32811**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 Zip Code

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 and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GOLDBERG, ABRAHAM</b>
STREET ADDRESS	<b>% 1233 BEECH ST., #49</b>
CITY - ST - ZIP	<b>ATLANTIC BEACH NY 11509</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Abraham Goldberg</b>
13 STREET ADDRESS	<b>137-11 Beach Channel Dr.</b>
14 CITY - ST - ZIP	<b>Belle Harbor, NY 11694</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: Abraham Goldberg **6/15/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)

CR2E034 (3/95)