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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF BIGNING O



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000040356 (5)

150 SAN CARLOS BOULEVARD CORP.

Principal Place of Business  150 SAN CARLOS BLVD FT MYERS BEACH FL 33902 US  2. Principal Place of Business  2a. Mailing Address 25	·····			3.	Date Incorporated or Qualified	3a. D	Date of Last f	Report
FT MYERS BEACH FL 33902 US  546 BROADWAY NEW YORK NY 10012-3912 US  2. Principal Place of Business 2a. Mailing Address 25	····			3.			ate of Last f	Report
US NEW YORK NY 10012-3912 US  2. Principal Place of Business 2a. Mailing Address 21 26	·			3.			ate of Last f	Report
2. Principal Place of Business 2a. Mailing Address 21	<del></del>			3.			ate of Last f	Report
26					05/27/1994	05	5/10/1996	
				4.	, FEI Number			pplied For
					58-2123920			lot Applicab
Suite, Apt. #, etc.				5.	Certificate of Status Desired		•	Additional
27			_ <del></del>					equired
City & State				6.	. Election Campaign Financing	<b>-</b> "		May Be
28	Counts	<u> </u>	_ <del></del>		Trust Fund Contribution			to Fees
Zip Country Zip	Countr	ry		8.	<ul> <li>This corporation has liability for Florida Statutes</li> </ul>		e tax under a	s. 199.032,
25 29 3 9. Name and Address of Current Registered Agent	<u>su   </u>			10	Name and Address of New I			
XL CORPORATE SERVICES INC.	8	1	Name					
4435 OLD WINTER GARDEN RD.	L					·		
ORLANDO FL 32811	82	2	Street Addr	iress (F	P.O. Box Number Is Not Accept	able)		
ONDARDO FE 32011	8:	3		• • • • • • • • • • • • • • • • • • • •				
		1			: "			
	B4	4	City			FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s the above	<u></u>	named corr	noratio	on submits this statement for the			its registere
office or registered agent, or both, in the State of Floridal Such change was au agent. I am familiar with, and accept the obligations of Section 607.0505, Flori SIGNATURE.  Signature typed or probed name of registered agent and title if applicable INOTE:			t signature requir			DATE		
12. OFFICERS AND DIRECTORS	13.	-	<del></del>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
THLE P DELETE	1.1 TITLE						Change	Additio
NAME GOLDBERG, ABRAHAM	1.2 NAME	E						
STREET ADDRESS 137-11 BEACH CHANNEL DR	1,3 STREE	ET A	DORESS					
C-TY-ST-ZIP BELLE HARBOR NY	1.4 CITY	- ST-	- ZIP					
TITLE DELETE	2.1 TITLE		_				☐ Change	Additi
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STREET ADDRESS	2 3 STREI	ET A	(DIDRESS				,	
City-St-7P	2 4 CITY	- 51	- ZIP					
3 TILE DELETE	3.1 TITLE		-				☐ Change	Additio
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	5.2 NAME		1		ν».	· 47	ETT DIRECTORS	LJ Modific
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STREET ADDRESS  City - St - 78°	5.4 CITY-		1		5. -			
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· · · · · · · · · · · · · · · · · · ·	62 NAM	F	l l					
NAME	6.2 NAME		IDORESS					
	6.2 NAME 6.3 STREE 6.4 CITY	ET A						