

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Workman
Secretary of State
OFFICE OF CORPORATIONS

FILED

95 AUG -7 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000092431 (3)

DISCRETION CONCOURSE MTG. CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH FL 33140		960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH FL 33140		12/19/1994	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0579235	Not Applicable		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23. City & State	28. City & State	6. Certificate of Status Desired	\$5.00 May Be Added to Fees		
24. Zip	25. County	29. Zip	30. County	8. This corporation has liability for intangible tax under s. 199.05, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FRANKEL, JUDITH A 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH FL 33140		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. City	85. Zip Code	FL	

11. Pursuant to the provisions of Sections 190.05(2) and 190.15(8), 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 190.05(8), Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. DIRECTOR	
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	JUDITH FRANKEL
CITY		CITY	960 ARTHUR Godfrey Rd, Suite 116
STATE		STATE	MIAMI BEACH, FL. 33140
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(b), Florida Statutes. I further certify that the information 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. I am an officer or director of the corporation or the former or former trustees empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears on Block 12 or Block 13 of a filed or unfiled attachment with this address.

SIGNATURE: _____ (Signature) _____ (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

8-1-95 205-624-1200