

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 SEP 20 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra L. Mortham Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000075644 (1)
 1. Corporation Name

4TH AVE DELRAY, INCORPORATED

Principal Place of Business Mailing Address
 2730 S.W. 3RD AVE., SUITE 511 MIAMI FL 33129
 2730 S.W. 3RD AVE., SUITE 511 MIAMI FL 33129

3. Date Incorporated or Qualified 09/29/1995
 3a. Date of Last Report

2. Principal Place of Business
 21 21346 St. Andrews
 Suite, Apt #, etc. 22 300
 City & State 23 Boca Raton FL
 Zip 24 33433 Country 25 Palm Beach
 2a. Mailing Address
 26 21346 St. Andrews Blvd
 Suite, Apt #, etc. 27 300
 City & State 28 Boca Raton FL
 Zip 29 33433 Country 30 Palm Beach

4. FEI Number 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 SCOTT, WILLIAM SUMNER
 THE SCOTT LAW FIRM
 2730 S.W. 3RD AVE., SUITE 511
 MIAMI FL 33129

10. Name and Address of New Registered Agent
 81 Name Richard Masari
 82 Street Address (P.O. Box Number is Not Acceptable) 21346 St. Andrews Blvd #300
 83
 84 City Boca Raton FL 85 Zip Code 33433

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]* Richard Masari 7/16/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	NAME	<input checked="" type="checkbox"/>
STREET ADDRESS	WILLIAM SUMNER SCOTT	
CITY - ST - ZIP	2730 S.W. 3RD AVE #511	
	MIAMI, FL 33129	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Richard Masari		
13 STREET ADDRESS	21346 St. Andrews Blvd #300		
14 CITY - ST - ZIP	Boca Raton, FL 33433		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 _____ that my name appears

SIGNATURE: *[Signature]* PRESIDENT 9/16/96 954-537-3600

CR2E034 (3/96)