

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000081712 (8)

1. Corporation Name

DURABLE PRODUCTS CORPORATION



Principal Place of Business

Mailing Address

~~2400 S OCEAN BLVD
NORTH MIAMI BEACH FL 33179~~

~~25 REBEL
STRAVE RUN ROAD
E BRUNSWICK NJ 08816~~

2. Principal Place of Business

2a. Mailing Address 25 REBEL

21 2600 S OCEAN BLVD

26 STRAVE RUN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM BEACH FL

28 E BRUNSWICK NJ

Zip

Country

Zip

Country

24 33480

25

29 08816

30

NEW JERSEY

9. Name and Address of Current Registered Agent

PINKWASSER, ALAN
2145 N.E. 204TH STREET
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

10/20/1995

3a. Date of Last Report

NEW COMPANY

4. FEI Number

65-026-7359

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent, if applicable

NOTE: Foreign Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DURABLE PRODUCTS	
STREET ADDRESS	2400 S OCEAN BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURABLE PRODUCTS	
STREET ADDRESS	2400 S OCEAN BLVD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRODUCER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add-on
1.2 NAME	R. MICHAEL NEWMAN	
1.3 STREET ADDRESS	25 REBEL RUN ROAD	
1.4 CITY-ST-ZIP	E BRUNSWICK NJ 08816	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add-on
2.2 NAME	REBEKAH SHIP	
2.3 STREET ADDRESS	2600 S OCEAN BLVD	
2.4 CITY-ST-ZIP	PALM BEACH FL 33480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE:

OFFICE PHONE #

CR2E034 (12/95)