

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 # **P95000086556 (4)**

1. Corporation Name
DISPLAY TRAY, INC.



Principal Place of Business: **1437 BISCAYNE DRIVE SURFSIDE FL 33154**
Mailing Address: **1437 BISCAYNE DRIVE SURFSIDE FL 33154**

3. Date Incorporated or Qualified: **11/09/1995**
3a. Date of Last Report
4. FEI Number: **65-0630413**
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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**GREENE, JUDITH B
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131-2608**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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

12. OFFICERS AND DIRECTORS
1. TITLE: **D**
2. NAME: **CANTOR, GAIL**
3. STREET ADDRESS: **1437 BISCAYA DRIVE SURFSIDE FL 33024**
4. CITY, ST, ZIP: [] DELETE
5. TITLE: [] DELETE
6. NAME: [] DELETE
7. STREET ADDRESS: [] DELETE
8. CITY, ST, ZIP: [] DELETE
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY, ST, ZIP: [] DELETE
13. TITLE: [] DELETE
14. NAME: [] DELETE
15. STREET ADDRESS: [] DELETE
16. CITY, ST, ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: **President and Director** [] Change Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY, ST, ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME: [] Change [] Addition
7. STREET ADDRESS: [] Change [] Addition
8. CITY, ST, ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME: [] Change [] Addition
11. STREET ADDRESS: [] Change [] Addition
12. CITY, ST, ZIP: [] Change [] Addition

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, trustee or 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 designated as agent with an address.

SIGNATURE: *Gail Cantor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (305) 868-4572
DATE TIME PHONE #

CR2E034 (12/95)