


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

1-2

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S01327 (3)**

1. Corporation Name  
**PENSACOLA INVESTMENTS, INC.**



Principal Place of Business <b>7900 MIAMI LAKES DRIVE WEST                  MIAMI LAKES FL 33016</b>	Mailing Address <b>7900 MIAMI LAKES DRIVE WEST                  MIAMI LAKES FL 33016</b>
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3. Date Incorporated or Qualified <b>09/18/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0220464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BRAFMAN, HOWARD J.  
 7900 MIAMI LAKES DRIVE WEST  
 MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS BRAFMAN, HOWARD J. 7900 MIAMI LKS DR. W. MIAMI LAKES FL	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 2 NAME	
STREET ADDRESS		1 3 STREET ADDRESS	
CITY - ST - ZIP		1 4 CITY - ST - ZIP	<b>SEE EXHIBIT "A" ATTACHED</b>
TITLE	DCP KISLAK, JAY I. 7900 MIAMI LKS DR. W. MIAMI LAKES FL	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	VCFO GROSS, JAMES P 7900 MIAMI LAKES DR W MIAMI LAKES FL	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	F FLEISCHMAN, DAVID H 7900 MIAMI LAKES DR W MIAMI LAKES FL	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	<b>500001795445</b>
CITY - ST - ZIP		4 4 CITY - ST - ZIP	<b>-04/26/96--01014--005</b>
TITLE	V SCHWARZ, EDWARD K 1000 ROUTE 9 WOODBRIIDGE NJ	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	<b>***200.00</b>
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	C OTTO, DEBRA C 7900 MIAMI LAKES DR W MIAMI LAKES FL	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

500001795445  
 -04/26/96--01014--005  
 \*\*\*200.00

4-25-96

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  
**HOWARD J. BRAFMAN, VICE PRESIDENT** Date **4/15/96** Daytime Phone # **(305) 364-4213**

CR2E034 (12/95)

EXHIBIT "A"

BOARD OF DIRECTORS AND OFFICERS  
OF  
PENSACOLA INVESTMENTS, INC.

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
JAY I. KISLAK ✓	CHAIRMAN OF THE BOARD, DIRECTOR & PRESIDENT	7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016
HOWARD J. BRAFMAN ✓	DIRECTOR, VICE PRESIDENT & SECRETARY	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016
CAROL A. FENELLO	VICE PRESIDENT & ASSISTANT SECRETARY	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016
JAMES P. GROSS ✓	VICE PRESIDENT & CHIEF FINANCIAL OFFICER	7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016
THOMAS BARTELMO	ASSISTANT VICE PRESIDENT	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016
DAVID H. FLEISCHMAN ✓	TREASURER	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016
DEBRA C. OTTO	CONTROLLER	7900 MIAMI LAKES DR WEST MIAMI LAKES, FL 33016