

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:02

DOCUMENT # **V32602** (7)

Corporate Name
ANOTHER TIME, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140**
Mailing Address: **767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc.		25. State Apt # etc.		04/27/1992	04/20/1994
22. City & State		26. City & State		4. FEI Number	Applied For
23. Zip		27. Zip		65-0345195	Not Applicable
24. Country		28. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEINBERG, PAUL B. 767 ARTHUR GODFREY ROAD MIAMI FL 33140				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 007.0502 and 007.1508, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 007.0503, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or other person authorized to register) _____ (Signature of Registered Agent or other person authorized to register)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, SANDRA J.	1.2 NAME	
STREET ADDRESS	767 ARTHUR GODFREY RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	1.4 CITY, ST, ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMDUR, REBA	2.2 NAME	
STREET ADDRESS	767 ARTHUR GODFREY RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	2.4 CITY, ST, ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEILINSON, SHERRY	3.2 NAME	
STREET ADDRESS	767 ARTHUR GODFREY RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked out carefully for this report as stated in Section 199.032, Florida Statutes. Further, I certify that the information was placed on this annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation. The reason of my being empowered to issue this report as required by Chapter 447, Chapter Statutes, and that my name appears in Block 12 or 13 or both, if changed, or on an addendum with an address.

SIGNATURE: *Sandra J. Steinberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 864-5905