

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V71858** (7)

1. Corporation Name

**22ND AVENUE ENTERPRISES, INC.**



Principal Place of Business

% G.M. SCHWEITZER  
1497 N.W. 7TH STREET  
MIAMI FL 33125

Mailing Address

% G.M. SCHWEITZER  
1497 N.W. 7TH STREET  
MIAMI FL 33125

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHWEITZER, G.M.  
1497 N.W. 7TH STREET  
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1506, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWEITZER, G.M.	
STREET ADDRESS	1497 N.W. 7TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PALLEY, SHELDON B.	
STREET ADDRESS	1497 N.W. 7TH STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement financial report, 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 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 auditors.

SIGNATURE *G.M. Schweitzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

642-7080

CR2E034 (12/95)