

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 21 AM 8:07

**DOCUMENT # P94000079128 (2)**

1. Corporation Name

**SW 57 AVE CORP.**

Principal Place of Business

Mailing Address

**C/O FELDMAN, GUTTERMAN, WEINBERG, ET AL  
280 PLANDOME ROAD  
MANHASSET NY 11030**

**C/O FELDMAN, GUTTERMAN, WEINBERG, ET AL  
280 PLANDOME ROAD  
MANHASSET NY 11030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**69-0531070**

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 County

28 Zip

30 County

8. This corporation has liability for intangible tax under § 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
1408 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Not Applicable)

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 and (if applicable)

(SEE Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
NAME **ASTOR, PATRICIA**  
STREET ADDRESS **22354 SW 57 AVE**  
CITY-ST-ZIP **Boca Raton, FL 33433**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D**  
NAME **ASTOR, LOVEL**  
STREET ADDRESS **22354 SW 57th AVE**  
CITY-ST-ZIP **Boca Raton, FL 33432**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D**  
NAME **WEINBERG, MARK**  
STREET ADDRESS **280 PLANDOME RD**  
CITY-ST-ZIP **MANHASSET, NY 11030**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D**  
NAME **GUTTERMAN, MARK**  
STREET ADDRESS **280 PLANDOME RD**  
CITY-ST-ZIP **MANHASSET NY 11030**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D**  
NAME **FELDMAN, BORTON**  
STREET ADDRESS **280 PLANDOME RD**  
CITY-ST-ZIP **MANHASSET NY 11030**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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:

*Mark Weinberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(516) 365-6600  
Telephone Number