

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 # **K72420** (8)

1. Corporation Name

A.L.M.S. PROPERTIES, INC.



Principal Place of Business

**9509 HARDING AVE.
SURFSIDE FL 33154**

Mailing Address

**9509 HARDING AVE.
SURFSIDE FL 33154**

3. Date Incorporated or Qualified
03/14/1989

3a. Date of Last Report
11/15/1995

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0109374

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUPRASKI, LOUIS A.
11900 BISCAYNE BLVD.
#760
MIAMI FL 33181**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

Date of Report (Agent's Signature Required)

DATE

12. OFFICERS AND DIRECTORS

12.1	DP	☐ DELETE
NAME	BIGELMAN, ANITA	
STREET ADDRESS	9509 HARDING AVE.	
CITY, ST, ZIP	SURFSIDE FL	
12.2	DV	☐ DELETE
NAME	BIGELMAN, MARVIN	
STREET ADDRESS	9509 HARDING AVE.	
CITY, ST, ZIP	SURFSIDE FL	
12.3	DS	☐ DELETE
NAME	ESKENAZI, LYDIA	
STREET ADDRESS	9509 HARDING AVE.	
CITY, ST, ZIP	SURFSIDE FL	
12.4	DT	☐ DELETE
NAME	BIGELMAN, SANDY	
STREET ADDRESS	9509 HARDING AVE.	
CITY, ST, ZIP	SURFSIDE FL	
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.6		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.7		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY, ST, ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY, ST, ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY, ST, ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY, ST, ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY, ST, ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	6.4 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 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 is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 (305) 865-9811
ELECTRONIC FILING

CR2E034 (12/95)