

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 28 1996 8:00 am

Secretary of State

DOCUMENT # **L36144** (8)

1. Corporation Name
44TH STREET CORPORATION

Principal Place of Business
**% PAULINE SOLOMON
4401 N.W. 2 AVENUE
MIAMI FL 33127**

Mailing Address
**% PAULINE SOLOMON
4401 N.W. 2 AVENUE
MIAMI FL 33127**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1989	3a. Date of Last Report 02/07/1995
21		26		4. FCI Number 65-0215291	Applied For Not Applicable
22	State, Apt. #, etc.	27	State, Apt. #, etc.	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**SOLOMON, PAULINE
4401 N.W. 2 AVENUE
MIAMI FL 33127**

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

Signature for profit corporation is required if applicable

Signature for Florida Agent is required when filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-STATE-ZIP		14. CITY-STATE-ZIP	
TITLE	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		37. NAME	
STREET ADDRESS		38. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

600001727576

02/29/96 01020-004

***233.75

SIGNATURE:

Pauline Solomon

Pauline Solomon, President 2/8/96 305-576-1739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc

Exhibit Block

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