

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 558350 (5)
1. Corporation Name
1600 CORPORATION



Principal Place of Business: **1600 N.W. 33RD ST. POMPANO BEACH FL 33064**
Mailing Address: **1600 N.W. 33RD ST. POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified: **01/27/1978** 3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-1787546** 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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

ARMONDA, PETER R.
8980 NW 49 PLACE
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent
81. Name: **ARMONDA PETER R.**
82. Street Address (P.O. Box Number is Not Acceptable): **3080 N.E. 47th CT #203**
83. City: **FT LAUDERDALE FL** 85. Zip Code: **33308**

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: **George Karas SECRETARY** **George Karas** **3-6-96**
Signature typed or printed name of registered agent and title are acceptable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: **PD** DELETE
NAME: **ARMONDA, JOHN**
STREET ADDRESS: **1600 N.W. 33 ST.**
CITY - ST - ZIP: **POMPANO BEACH FL**
TITLE: **T** DELETE
NAME: **ARMONDA, JOHN**
STREET ADDRESS: **1600 N.W. 33 ST.**
CITY - ST - ZIP: **POMPANO BEACH FL**
TITLE: **VD** DELETE
NAME: **KARAS, GEORGE**
STREET ADDRESS: **7497 N.E. 8TH TERRACE**
CITY - ST - ZIP: **BOCA RATON FL**
TITLE: **S** DELETE
NAME: **KARAS, GEORGE**
STREET ADDRESS: **7497 N.E. 8TH TERRACE**
CITY - ST - ZIP: **BOCA RATON FL**
TITLE: **VD** DELETE
NAME: **ARMONDA, PETER R.**
STREET ADDRESS: **2108 N. NORDICA 3080 N.E. 47th CT #203**
CITY - ST - ZIP: **CHICAGO IL FT. LAUDERDALE FL 33308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE: **George Karas GEORGE KARAS SECRETARY** **3-6-96** **305 972-1970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)