

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # P94000079128 (2)

1. Corporation Name
SW 57 AVE CORP.

Principal Place of Business: **C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030**
Mailing Address: **C/O FELDMAN, GUTTERMAN, MEINBERG, ET AL 280 PLANDOME ROAD MANHASSET NY 11030**



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

3. Date Incorporated or Qualified: **10/27/1994**
3a. Date of Last Report: **06/21/1995**
4. FEIN number: **65-0531070**
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
NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: **Laurie P. Evans**
82 Street Address (P.O. Box Numbers Not Acceptable):
83 **328 MINORCA AVE**
84 City: **CORAL GABLES FL** 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.01 and 607.1505, Florida Statutes, the above named corporation's agents to a state and 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 provisions of Sections 607.01 and 607.1505, Florida Statutes.

SIGNATURE: *[Signature]* **Laurie P. Evans** DATE: **4/1/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ASTOR, PATRICIA	
STREET ADDRESS	22354 SW 57TH AVE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASTOR, LIONEL	
STREET ADDRESS	22354 SW 57TH AVE	
CITY, ST, ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINBERG, MARK	
STREET ADDRESS	280 PLANDOME RD	
CITY, ST, ZIP	MANHASSET NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTTERMAN, MARK	
STREET ADDRESS	280 PLANDOME RD	
CITY, ST, ZIP	MANHASSET NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, BURTON	
STREET ADDRESS	280 PLANDOME RD	
CITY, ST, ZIP	MANHASSET NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	MEINBERG, MARK
32 STREET ADDRESS	
33 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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. I am an officer or director of the corporation or the treasurer or authorized person 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: *[Signature]* **MARK MEINBERG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

516-365-6600

CR2E034 (12/95)