

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

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 06/21/1995
4. FEIN number 65-0531070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MEINBERG, MARK
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.04(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)