

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 20 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K83806 (5)**  
1. Corporation Name  
**MR. SID OF PALM BEACH, INC.**



Principal Place of Business: **331 WORTH AVENUE PALM BEACH FL 33480**  
Mailing Address: **1211 CENTRE ST NEWTON MA 02159-1534 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1989</b>	3a. Date of Last Report <b>06/25/1996</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0148358</b>	Applied For Not Applicable
25. City & State	26. Zip	27. Country	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. City & State	30. Zip	31. Country	32. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
33. City & State	34. Zip	35. Country	36. City & State	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  
**ZABLUDOWSKI, DANIEL A.  
LITOW, LUTLER, & ZABLUDOWSKI  
2 SOUTH BISCAYNE BLVD, SUITE 3100  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 607.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGEL, IRA M.</b>	1.2 NAME	
STREET ADDRESS	<b>1211 CENTRE STREET</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEWTON CENTRE MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGEL, STUART</b>	2.2 NAME	
STREET ADDRESS	<b>1211 CENTRE ST.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEWTON CENTRE MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIALKOW, JAY L.</b>	3.2 NAME	
STREET ADDRESS	<b>100 FEDERAL ST. 33RD FL</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BOSTON MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGEL, STUART</b>	4.2 NAME	
STREET ADDRESS	<b>1211 CENTRE STREET</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>NEWTON CENTRE MA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date: **3/12/97** Daytime Phone #: **(617) 9694540**

CR2E034 (9/96)