

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1994	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 65-0531070	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVANS, LAURIE P 628 MINORCA AVE SUITE 2 CORAL GABLES FL 33134				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code FL	
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTOR, PATRICIA	1.2 NAME	
STREET ADDRESS	22354 SW 57TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTOR, LIONEL	2.2 NAME	
STREET ADDRESS	22354 SW 57TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINBERG, MARK	3.2 NAME	
STREET ADDRESS	280 PLANDOME RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTTERMAN, MARK	4.2 NAME	
STREET ADDRESS	280 PLANDOME RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSETT NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, BURTON	5.2 NAME	
STREET ADDRESS	280 PLANDOME RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSETT NY	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 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: *Mark Meinberg* **MARK MEINBERG 3/29/98 516 365 6600**

CR2E034 (10/97)