

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

FILED

Apr 30 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 # 149736 (1)
1. Corporation Name
S. MIZRAHI SONS, INC.

Principal Place of Business
1910 WELLS ROAD #1047
ORANGE PARK FL 32073

Mailing Address
1910 WELLS ROAD #1047
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3520-4 Blanding Blvd		26 3520-4 Blanding Blvd.		01/01/1947	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Jacksonville FL		28 Jacksonville FL		59-0562050	
24 32210		29 32210		5. Certificate of Status Desired	
25 USA		30 USA		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

GLASSMAN, ESO, BRUCE R
2955 HARTLEY ROAD
SUITE 103
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Signature, typed or printed name of registered agent and title is acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MIZRAHI, JACK	1.2 NAME	
STREET ADDRESS	9982 RIDGE FIELD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MIZRAHI, JOSEPH M.	2.2 NAME	
STREET ADDRESS	9950 COVE VIEW DR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Secretary
NAME		3.2 NAME	Nancy Mizrahi
STREET ADDRESS		3.3 STREET ADDRESS	9962 Ridgefield Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville FL 32257
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Nancy A. Mizrahi

NANCY A. MIZRAHI

4/24/98

904-779-1001

CR2E034 (10/97)